



Guidance document for processing PM-JAY packages

Micro-laryngeal surgery

Procedures covered: 1

Specialty: ENT, General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in Days)
Microlaryngeal surgery with or without laser	Microlaryngeal surgery with or without laser	S200058 S100101	SL024A	18,500	2

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ or Equivalent (in ENT)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Microlaryngeal surgery with or without laser** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers: Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

Micro-laryngeal surgery with or without laser: Micro-laryngeal surgery is a surgical procedure performed in the endolarynx through the transoral route with a microscope-aided magnified view of the surgical site. CO2 laser is frequently used for precise tissue cutting and simultaneous hemostasis with a faster healing time. Use of micro-debrider and coblator also have expanded the indications of this procedure further.



Indications

- Benign vocal fold lesions, e.g, nodules, polyp, cyst, sulcus vocalis
- Respiratory papilloma
- Vocal fold paralysis, vocal fold scarring, Vocal fold leukoplakia
- Early glottic/ supraglottic cancer, Laryngeal stenosis

Complications

- Trauma to lips, tongue, teeth, pharyngeal walls during surgical exposure
- Bleeding
- Laser airway fire
- Airway compromise due to post-operative edema

Contra-indications

- Trismus
- Cervical spinal fixation or any other condition which prevents neck extension

It allows the use of the two most essential tool sets in laryngeal surgery: the operative microscope, and micro laryngeal dissection instruments.

Lasers are used in surgeries of numerous laryngeal disorders including stenoses, recurrent respiratory papillomatosis, leukoplakia, nodules, early and advanced malignant laryngeal disease, vocal cord paralysis, and polypoid degeneration.

Indications:

- Evaluation and removal of various lesions of the vocal folds
- Precision, convenience, unobstructed operative field, minimum tissue manipulation, and a longer working distance are a few of the advantages

Management:

- Depending on the laryngeal diagnosis, non-surgical treatments need to be maximized prior to proceeding with micro laryngeal surgery. These include, but are not limited to, smoking cessation, voice therapy, and reflux management
- Cold Surgery vs. Laser Surgery, Combination of two.
- Lasers can be more cost-effective than cold surgeries when managing laryngeal tumors.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Micro-laryngeal surgery with or without laser
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, examination findings, planned line of treatment & advise for admission)	Yes
b. laryngoscopy findings/Laryngeal electromyography confirming the diagnosis and indication for surgery	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure/Operative notes	Yes
c. Histopathology report (In all applicable cases)	Yes
d. Post procedure clinical/Intraprocedural photograph of the affected part	Yes
e. Detailed Discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- Was the clinical notes and laryngoscopy report indicative of the procedure? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

- Agarwal, Arun. "Lasers in micro-laryngeal surgery: Looking beyond CO [sub] 2 laser." Journal of Laryngology and Voice 5.2 (2015): 27-27.
- <https://voice.weill.cornell.edu/treatments/surgery/microscopic-laryngeal-surgery>
- Yan, Yan, et al. "Use of lasers in laryngeal surgery." Journal of Voice 24.1 (2010): 102-109.
- R. Jun Lin. Comprehensive Laryngology Curriculum. www.alahns.org; American Laryngological Association; Updated 04/15/2019
- <https://www.clinicalpainadvisor.com/home/decision-support-in-medicine/anesthesiology/microlaryngoscopy/>