



Guidance document for processing PM-JAY packages

Ant. Ethmoidal / sphenopalatine artery ligation

Procedures covered: 4

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Ant. Ethmoidal / sphenopalatine artery ligation	Ant. Ethmoidal artery ligation - Open	S200028	SL014A	15,000
Ant. Ethmoidal / sphenopalatine artery ligation	Ant. Ethmoidal artery ligation - Endoscopic	S200028	SL014B	15,000
Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Open	New Package	SL014C	15,000
Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Endoscopic	New Package	SL014D	15,000

ALOS (in Days): 2 Days

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 **Ant. Ethmoidal / sphenopalatine artery ligation**, 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.

Ant. Ethmoidal / sphenopalatine artery ligation

Epistaxis is not an uncommon presentation in emergency department. Patients are initially managed with nose compression, cauterization of visible bleeding spots in the nasal septal mucosa, anterior and posterior nasal packing. Surgical ligation of major supplying arteries is a relatively simple technique to address intractable epistaxis. Anterior ethmoidal artery and sphenopalatine artery are the vessels which are clipped/ coagulated/ ligated for anterior and posterior epistaxis respectively. For diffuse source of bleeding, both arteries are ligated which is an alternative to embolization procedures performed in centers with available expertise of interventional radiologist and adequate infrastructure.

- Anterior ethmoidal artery and sphenopalatine artery can be accessed by both open as well as endoscopic access.
- In open technique, anterior ethmoidal artery is approached by Lynch incision and sphenopalatine artery by trans-maxillary approach.
- Endoscopic access is preferred to open approaches due to access through natural orifice, magnified view of the anatomic structures and avoidance scar as well as soft tissue dissection.

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	Ant. Ethmoidal / sphenopalatine artery ligation
*If this procedure is performed in emergency ward, the preauthorization is not mandatory.	
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. Contrast Enhanced Computerized Tomography (CECT) Scan of nose and paranasal sinuses	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Intraoperative photograph (Optional)	Yes
c. Detailed procedure/Operative notes	Yes
d. Post procedure clinical photograph of the affected part (Optional)	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:

- a. Was the Clinical notes, CECT nose and paranasal sinuses indicative of procedure? Yes

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

References:

1. Araujo Filho, Bernardo Cunha, et al. "Endoscopic ligation of the anterior ethmoidal artery: a cadaver dissection study." *Brazilian Journal of otorhinolaryngology* 77.1 (2011): 33-38.
2. Man, Li-Xing, et al. "Sphenopalatine/Internal Maxillary Artery Ligation." *Atlas of Endoscopic Sinus and Skull Base Surgery E-Book* (2018): 19.
3. <https://medicine.uiowa.edu/iowaprotocols/anterior-ethmoidal-artery-ligation#:~:text=Anterior%20ethmoidal%20artery%20ligation%20is,be%20addressed%20by%20embolization%20techniques>.
4. Jonas, Nico, Laura Viani, and M. Walsh. "Sphenopalatine artery ligation under local anesthesia: A report of two cases and review of the literature." *Local and regional anesthesia* 3 (2010): 1.
5. Pletcher, Steven D., and Ralph Metson. "Endoscopic ligation of the anterior ethmoid artery." *The Laryngoscope* 117.2 (2007): 378-381.