

Guidance document for processing PM-JAY packages

Clinic based therapeutic interventions of ENT

Procedures covered: 4

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Clinic based therapeutic interventions of ENT	Turbinate reduction	New Package	SL035A	1,200
Clinic based therapeutic interventions of ENT	Biopsy	New Package	SL035B	1,200
Clinic based therapeutic interventions of ENT	Intratympanic injections	New Package	SL035C	1,200
Clinic based therapeutic interventions of ENT	Wide bore needle aspiration	New Package	SL035D	1,200

ALOS: Day care

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 **Clinic based therapeutic interventions of ENT**, 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.

- 1. Turbinate reduction:** The nasal turbinates are structures in the side walls of the nose that act to warm and humidify the air inhaled through the nose. Enlargement of the inferior turbinate may cause a blocked nose or constant sensation of nasal congestion and stuffiness by compromising the internal nasal valve area.

Surgery to shrink enlarged turbinate is called inferior turbinate reduction or turbinoplasty which is considered for patients with persistent complaints despite medical management. Various techniques used for inferior turbinate reduction are

1. Radiofrequency turbinoplasty
 2. Turbinoplasty with microdebrider
 3. Laser assisted turbinate reduction
 4. Partial inferior turbinectomy
- 2. Biopsy** from suspicious pathological/ abnormal area in oral cavity, oropharynx, anterior nasal cavity, enlarged lymph nodes (following inadequate reporting after fine needle aspiration cytology) and skin lesions in head and neck area is considered to find out the exact pathological diagnosis for the further management.

Biopsy may be incisional, excisional, punch and true cut biopsy depending on the site involved.

Common but not exclusive indications of biopsy are suspicious malignancy, lymphoma, tuberculosis and other granulomatous lesions.

- 3. Intratympanic (IT) injections** is the procedure to deliver medications at a higher concentration in the middle ear through the tympanic membrane by a long and fine needle to target the pathologies in the inner ear avoiding systemic side effects of the drug.

Common drugs delivered by IT route are corticosteroids and gentamycin indicated for selected patients with endolymphatic hydrops and sudden sensorineural hearing loss.

- 4. Wide bore needle aspiration** is the procedure of aspirating purulent or other collected fluid from abscesses and post-surgical sites for pathological/ microbiological evaluation and relief from pressure effect. Common indications are localized deep neck space abscesses (e.g, quinsy) and post-surgical seroma. Radiology is advisable to confirm the diagnosis prior to wide bore needle aspiration.

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	Clinic based therapeutic interventions of ENT
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*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 day care procedure.	Yes
b. Nasoendoscopy/ radiology/ audiometry findings to justify the need for Procedure.	Yes
ii. At the time of claim submission	
a. Clinical notes detailing signs and symptoms, treatment given	Yes
b. Procedure note/ operative note	Yes
c. Post procedure clinical picture (biopsy, wide bore aspiration), endoscopy picture (IT reduction), radiology (optional, wide bore needle aspiration), audiology and radiology (IT injections)	Yes
d. Discharge summary report	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

Mandatory document	Clinic based therapeutic interventions of ENT
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Were the Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the day care procedure submitted?	Yes
b. Was the Nasoendoscopy/ radiology/ audiometry report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Was clinical notes detailing signs and symptoms, treatment given are submitted?	Yes
b. Was Detailed Procedure / Operative Notes submitted?	Yes

c. Was the Post procedure clinical picture (biopsy, wide bore aspiration), endoscopy picture (IT reduction), radiology (optional, wide bore needle aspiration), audiology and radiology (IT injections) (Optional)	Yes
d. Was the discharge summary report submitted?	Yes

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. Did clinical notes and nasoendoscopy/ radiology/ audiometry report indicative of procedure? Yes

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

References:

1. Scheithauer, Marc Oliver. "Surgery of the turbinates and "empty nose" syndrome." GMS current topics in otorhinolaryngology, head and neck surgery 9 (2010).
2. Bercin, Sami, et al. "Pathologic evaluation of routine nasopharynx punch biopsy in the adult population: is it really necessary?." Clinical and Experimental Otorhinolaryngology 10.3 (2017): 283.
3. Shewel, Yasser, and Samir I. Asal. "Intratympanic injection of dexamethasone 4 mg/mL versus 10 mg/mL for management of idiopathic sudden sensorineural hearing loss." The Egyptian Journal of Otolaryngology 36 (2020): 1-6.
4. Gandhi, G., K. Santhanakrishnan, and Poornima S. Bhat. "Wide bore needle aspiration for peritonsillar abscess." International Journal of Otorhinolaryngology and Head and Neck Surgery 5.2 (2019): 336.