



Guidance document for PM JAY package

Foreign body removal with scope

Procedures covered: 1

Specialty: CTVS, Pediatric Surgery, General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Foreign Body Removal with scope	Foreign Body Removal with scope	S1300061	SV025A	20,000

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (in Cardiothoracic Surgery, Thoracic Surgery, Pediatric Surgery); MS/DNB/Equivalent (in ENT/ General surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Foreign Body Removal with scope**, 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 any 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:

Foreign body aspiration remains a significant cause of death in children for anatomic as well as developmental reasons. Choking is typically defined as an aerodigestive foreign body causing varying amounts of obstruction to the airway.



Presentation

- Infants and toddlers mainly
- Male to female ratio 2:1
- Children usually ingest/inhale food, coins, balloon, and toys whereas in adults commonly it is bones that are ingested /inhaled there may be violent bouts of coughing, choking, and gagging with possible complete airway obstruction
- This is usually followed by an asymptomatic interval, where there is an absence of signs and symptoms as the foreign body becomes lodged

Types

- Upper airway foreign bodies
 - Usually bone or eggshell. They become lodged between the vocal cords and usually cause complete obstruction.
- Tracheal foreign bodies
 - Usually causes a partial obstruction. There may be an audible slap and palpatory thud.
- Bronchial foreign bodies
 - Signs change rapidly until foreign body lodges within a bronchus. There is wheezing, coughing, and decreased ipsilateral air entry.

Complications (from a missed foreign body aspiration)

- Obstruction with infection distal to the foreign body
- Cough, hemoptysis, and fever
- Atelectasis, lung abscess, pneumonia, bronchiectasis
- Bronchial granulation tissue, fistula formation
- Tracheal laceration

Treatment

- Endoscopic removal usually performed within 24h of presentation
- Flexible instruments should not be used as they are unable to adequately control the airways
- A rigid bronchoscope and retrieving forceps are the instruments of choice

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	Foreign Body Removal with scope
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Chest X-ray report	Yes
Optional CT Chest	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / Operative notes	Yes
Post procedure Chest X-ray report	Yes
Intra-operative stills (optional)	Yes
Photograph of removed foreign body	Yes
Detailed discharge Summary	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Clinical notes – all vitals, detailed history, symptoms, signs, physical examination, indication for procedure, planned line of treatment, and advice for admission?
- Was Chest X-ray report suggestive of foreign body aspiration?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Does the Post procedure Chest X-ray show removal of the foreign body?
- Was photograph of removed foreign body submitted?
- Is the Discharge summary with follow-up advise at the time of discharge?



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:

- I. Was the clinical presentation and imaging indicative of procedure? Yes

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

References

1. Cramer N, Jabbour N, Tavaréz MM, et al. Foreign Body Aspiration. [Updated 2020 Aug 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK531480/>
2. Joanne Chikwe, David Cooke, Aaron Weiss. Oxford specialist handbook of Cardiothoracic surgery. Second edition. 2013