



Guidance document for processing PM-JAY packages

Correction of Oro-Antral Communication

Procedures covered: 1

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Correction of Oro-Antral communication	Correction of Oro-Antral communication/ Fistula	New Package	SM009A	7,000

ALOS: Day care service

Minimum qualification of the treating doctor:

Essential: MDS (Oral Maxillo-facial surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Correction of Oro-Antral Communication**, 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:

Oroantral communication: Abnormal connection between the oral and antral cavities.

When oroantral communication is left open, epithelial tissue may develop in its track: **Oroantral fistula**.

Treatment: The use of antibiotic is recommended as prophylactic measure.

Causes:



- Extraction of maxillary posterior teeth (most common)
- Tumor
- Cyst
- Trauma

Symptoms:

- 5Es (Escape of fluids from nose, epistaxis, escape of air from mouth into the nose, excruciating pain in and around the region of the affected sinus)
- Unpleasant tasting discharge and odor
- Reflux of fluids and foods into the nose from the mouth
- Difficulty in tobacco smoking

Examination:

- Clinical Examination -Inspection after hemostasis.
- Gentle suctioning of the socket produces a hollow sound
- Leakages of air while blowing against closed nostrils

Investigation:

- Intra oral & Extraoral Radiograph: OPG/CBCT/CT/ & or PNS as advised by Surgeon

Indications:

- Patient with healthy sinus, pin hole oroantral communication/fistula (less than 4mm)

Contraindications:

- Periapical infection
- Extraction of maxillary 2nd molar
- Approximately of maxillary sinus floor from the teeth apices.

Complications:

- Failure may occur due to inadequate irrigation & antibiotic therapy for sinus infection
- Excessive tension on the flap impairing blood supply for healing, inadequate excision of epithelialized margins

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	Correction of Oroantral Communication
I. At the time of Pre-authorization	
a. History including clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes
b. Document required for Investigation of presence of Oroantral fistula/communication: <ul style="list-style-type: none"> • X-ray (Intraoral)/OPG/CBCT/CT/ & or PNS • Intra oral Clinical photograph of the area 	Yes
II. At the time of claim submission	
a. Indoor case papers & Consent (informed written)	Yes
b. Procedure note/ operative note	Yes
c. Post-operative Photograph (Intraoral) of Oroantral communication/fistula	Yes
d. Post op intraoral X-ray/OPG	Yes
e. 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):

- Detailed Clinical notes -including clinical signs &, examination findings, indications for doing the procedure? Yes
- Notes of conservation method/treatment given? Yes
- Pre-op clinical intraoral photograph including X-ray with report available for the confirmation of presence of Oroantral communication/fistula? Yes

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

- Do the clinical notes have detail of the steps of surgery performed and outcomes of the surgery? Yes
- Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- Post-operative Photograph (Intraoral) of the treated Oroantral communication/fistula, including post-op X-ray? Yes
- Is the discharge summary available? Yes



PART III: GUIDELINES FOR IT

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 the clinical notes and clinical photograph including X-ray with report confirm the presence of Oroantral communication/fistula? Yes
- b. Documentary evidence that conservative / medical management tried and failed/ not indicated? Yes

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

References:

- i. Carranza's Clinical Periodontology: 2nd South Asia edition.
- ii. Khandelwal P, Hajira N. Management of Oro-antral Communication and Fistula: Various Surgical Options. *World J Plast Surg.* 2017;6(1):3-8.
- iii. Management of Oroantral Fistula: <https://www.intechopen.com/books/a-textbook-of-advanced-oral-and-maxillofacial-surgery-volume-3/management-of-the-oroantral-fistula>
- iv. Parvini, P., Obreja, K., Sader, R. et al. Surgical options in oroantral fistula management: a narrative review. *Int J Implant Dent* **4**, 40 (2018). <https://doi.org/10.1186/s40729-018-0152-4>