



## Guidance document for processing PM-JAY packages

### Dentoalveolar Trauma

Procedures covered: 1

Specialty: Oral Maxillo Facial Surgery

| Package name                  | Procedure name                               | HBP 2.0 code | HBP 2.1 code | Package price (INR)                                   |
|-------------------------------|--|--------------|--------------|---|
| Dentoalveolar trauma - wiring | Dentoalveolar trauma – wiring (for each Jaw) | New Package  | SM011A       | 3,000<br>(includes cost of RCT of the affected tooth) |

**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 **Dentoalveolar Trauma**, 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:

Traumatic dental injuries account for majority of maxillofacial injuries affecting soft tissue as well maxillofacial bones. History of immediate local measures employed to reduce the severity of injuries helps in eliciting information regarding the original condition of the injured area. Time elapsed post trauma plays an important role in determining outcome of the intervention. Goal of the treatment is directed towards achieving the pre-traumatic occlusion and intra arch contour.



Dentoalveolar fracture is defined as a fracture in the bone surrounding the teeth without any extension to the basal bone of the maxilla or mandible.

**Conservative Management:** **Dentoalveolar Trauma-wiring** is done for alveolar fracture i.e. when there may concomitant injuries.

#### **Causes:**

- Traffic accident
- Falls
- During epileptic seizures
- Sport injuries
- Interpersonal violence & work-related trauma.
- Pediatric patient: Child abuse or Iatrogenic (dental extractions, endoscopy, oral intubation)

#### **Examination:**

- *Clinical Examination:* Extraoral soft tissue: asymmetry of the face due to injury), intraoral soft tissue: buccal mucosa lacerations, jaw & alveolar bone: Bimanual palpation of maxillary and mandibular dentition and evaluation of occlusion reveals discrepancy /mobility.
- Teeth (displacement and mobility)
- Percussion and pulp testing

#### **Investigation:**

- **Conventional Radiography:** Intra oral or Extra oral radiograph: OPG/CBCT/CT- as advised by surgeon

#### **Indications:**

- Alveolar Fracture concomitant injuries such as: crown, root fracture, and soft tissue
- Entire dental alveolar dislocation

**Contraindications:** None as reported

#### **Complications:**

- Pulp necrosis
- Pulp chamber or root canal obliteration
- Internal /External resorption

### **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   | Dentoalveolar Trauma |
|--|----------------------|
| <b>I. At the time of Pre-authorization</b>   |                      |
| a. History & clinical notes (detailing signs, symptoms, examination findings, indications of Dentoalveolar Trauma injuries)  | Yes                  |
| b. Document required for Investigation of Dentoalveolar Trauma injuries: <ul style="list-style-type: none"> <li>X-ray (Intraoral)/OPG/CBCT/CT including pre- op intraoral clinical photograph</li> </ul> | Yes                  |
| <b>II. At the time of claim submission</b>   |                      |
| a. Consent (informed written)  | Yes                  |
| b. Procedure note/ operative note  | Yes                  |
| c. Post-operative Photograph (Intraoral) of the Dentoalveolar Wiring done  | Yes                  |
| d. Intraoral X-ray /OPG with 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:**

**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 of Dentoalveolar Trauma injuries? Yes
- Notes of conservation method/treatment given? Yes
- X-ray with report and intraoral clinical photograph available for the confirmation of presence of Dentoalveolar Trauma injuries? Yes

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

- Do the clinical notes have detail of the procedure Dentoalveolar Trauma wiring performed and outcomes of the management given? Yes
- Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- Post-operative Photograph (Intraoral) of the Dentoalveolar Wiring done, including post op intraoral X-ray/OPG with report? 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 confirm the presence of Dentoalveolar Trauma injuries? 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. Shetye O.A. (2021) Dentoalveolar Injuries and Wiring Techniques. In: Bonanthaya K., Panneerselvam E., Manuel S., Kumar V.V., Rai A. (eds) Oral and Maxillofacial Surgery for the Clinician. Springer, Singapore. [https://doi.org/10.1007/978-981-15-1346-6\\_50](https://doi.org/10.1007/978-981-15-1346-6_50)
- ii. Dentoalveolar Injuries: <https://www.slideshare.net/vasanramkumar/dentoalveolar-injuries-ppt>
- iii. Dentoalveolar Fractures: <https://www.slideshare.net/shabeelpn/dento-alveolar-fractures>
- iv. Dentoalveolar Injuries and Wiring Techniques, Article published February 2021: Authors: Omkar Anand Shetye