



Guidance document for processing PM-JAY packages

Parotid Sialolithotomy

Procedures covered: 2

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Parotid Sialolithotomy	Extraoral parotid sialolithotomy under GA	New Package	SM012A	11,000
Parotid Sialolithotomy	Intraoral parotid sialolithotomy	New Package	SM012B	6,000

ALOS: One day admission.

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 **Parotid Sialolithotomy**, 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:

Sialolithiasis, the most common salivary gland pathology, is caused by calculi in the gland itself and its duct. While patients with small sialoliths can undergo conservative treatment, those with standard-size or larger sialoliths require sialolithotomy.



Parotid is the largest salivary gland, the secretions of which is serous in nature. The parotid duct (Stenson's duct) emerges from part of the gland.

Treatment: can be symptomatic or surgical.

Conservative Treatment: Several techniques available for removal of sialoliths depending upon the size/number/site of stone, gland, and age of patient.

- A smaller sialolith can be removed by manipulation (*Milking of gland*).
- The stones which are not impacted may be extracted by intubation.
- A larger sialolith can be removed surgically.
- Multiple stones or stones in gland require the removal of the gland.

Causes:

- Functional disorder
- Obstructive Disorder (Mechanical obstruction of gland)
- Non- neoplastic disorder
- Neoplastic disorder
- Anatomical reason: Long duct/curve duct/Calcium component

Symptoms:

- Pain, swelling & discomfort
- Pain- meal time- severe with sour or acidic food
- Unusual taste
- Associated with infection: *fever, purulent discharge, lymphadenopathy*

Examination:

- History of salivary gland infection
- Clinical Examination -Bi manual palpitation is mandatory to diagnostic approach. The stone can be palpated especially if present at the peripheral aspect of the duct.
- Common in middle aged person.

Investigation:

Either of the following documents are required as advised by surgeon:

- Intra- Oral and Extra oral Radiograph
- Ultrasonography (USG)
- Sialography / Sialo-endoscopy
- **Conventional Radiography:** Intra oral or Extra oral radiograph

Indications:

- Detection of calculi or foreign bodies (multiple stone in glands)
- Determination of extent of destruction of salivary gland
- Detection of fistulae, diverticula, strictures
- Larger sialolith
- Recurrent swelling in floor of mouth with discharge of fluid

Contraindications: None as reported

Complications:

- Inability to remove fragment - *Postoperative infection*
- Neural Damage- *Intraductal adhesion*
- Sub-glossal scar band formation – *Sialocele & ranula formation*
- Bacterial infection of the gland may result in obstruction of long duration.
- Damage Stenson's Duct
- Weakness of upper eye muscle.
- Salivary fistulae/ Sialocele

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	Parotid Sialolithotomy
i. At the time of Pre-authorization	
a. History & clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes
b. Document required for investigation of Sialolithiasis: Radio-imaging (as indicated) <ul style="list-style-type: none"> • X-ray (Intraoral or Extraoral) or Ultrasonography (USG) or Sialography / Sialo-endoscopy • CT/ CBCT 	Yes
c. Pre-operative photograph of the affected part (intraoral & extraoral)	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 of the affected parts (Intraoral and extraoral) of <i>excised calculi /stones/ excised tissue</i>	Yes
d. Document required for investigation of Sialolithiasis: Radio-imaging (as indicated) for absence of sialolith: <ul style="list-style-type: none"> X-ray (Intraoral or Extraoral) or Ultrasonography (USG) or Sialography / Sialo-endoscopy or CT/ CBCT 	Yes
e. Detailed Discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:

- Did the signs, symptoms, examination and confirm the presence of Sialolithiasis in the Parotid Gland? Yes
- 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:

- Calculus: <https://www.slideshare.net/punitnaidu07/2calculus>
- Carranza periodontology book
- Sonic and ultrasonic scaling: <https://www.slideshare.net/drjigneshr/sonic-and-ultrasonic-scaling-46329974>
- Salivary Gland diseases: <https://www.slideshare.net/UDDent/salivary-glands-diseases>
- Submandibular sialolithiasis: A series of three case reports :Pachisia S, Mandal G, Sahu S, Ghosh S. with review of literature. *Clin Pract.* 2019;9(1):1119. Published 2019 Mar 20. doi:10.4081/cp.2019.1119
- Tooth Plaque, causes treatment and prevention:
- <https://www.webmd.com/oral-health/guide/plaque-and-your-teeth>