



Guidance document for processing PM-JAY packages

Re-implantation of Avulsed tooth

Procedures covered: 1

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Re-implantation of Avulsed tooth with wiring	Re-implantation of Avulsed tooth/ teeth in each Jaw (maxilla/ mandible with wiring)	New Package	SM013A	1,500/- per tooth (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 **Re-implantation of Avulsed tooth**, 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:

Dental avulsion is the complete displacement of the tooth from its socket in alveolar bone, it is known as Exarticulation and most often involves maxillary teeth.

Management: at site of injury or in dental care clinic.

Causes:



- Trauma from sports to face & mouth is most common causes.

Symptoms:

- Bleeding socket with missing teeth/tooth.

Examination:

- *Radiographic Examination:* empty socket, associated bone fractures, recent wound will have visible lamina dura otherwise is obliterated.

Investigation:

- **Conventional Radiography:** Intra oral or Extra oral radiograph

Indications:

- Re-implantation depends on extra oral time
- *If apical foramen is not closed*-endodontic therapy is delayed till first sign of apical closure are seen.
- *If apical foramen is closed*- endodontic therapy is done after 1-2 weeks depending on type of re-implantation

Contraindications:

- Primary alveolar ridge fracture
- Tooth left dry and out of socket for >60minutes
- Immunocompromised patient
- Tooth integrity compromised
- Implantation socket integrity compromised.

Complications:

- Inflammatory resorption
- Replacement resorption
- Ankylosis
- Tooth submergence

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	Re-implantation of Avulsed tooth
i. At the time of Pre-authorization	
a. History & clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure re-implantation of avulsed tooth)	Yes

b. Document required for investigation of avulsed tooth: <ul style="list-style-type: none"> X-ray (Intraoral or Extraoral) Intraoral Clinical photograph of the affected site and tooth separately 	Yes
ii. At the time of claim submission	
a. Consent (informed written)	Yes
b. Procedure note/ operative note	Yes
c. Post-operative Photograph (Intraoral) of the Re-implantation of avulsed tooth	Yes
d. Post op intraoral X-Ray/OPG	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 clinical notes confirm the presence of avulsed tooth? 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:

- Tezel H, Atalayin C, Kayrak G. Replantation after traumatic avulsion. *Eur J Dent.* 2013;7(2):229-232. doi:10.4103/1305-7456.110192
- Moradian H, Badakhsh S, Rahimi M, Hekmatfar S. Replantation of an avulsed maxillary incisor after 12 hours: three-year follow-up. *Iran Endod J.* 2013;8(1):33-36.
- Ize-Iyamu IN, Saheeb B. Reimplantation of avulsed dry permanent teeth after three days: a report of two cases. *Niger J Clin Pract.* 2013 Jan-Mar;16(1):119-22. doi: 10.4103/1119-3077.106784. PMID: 23377486.
- Replantation of avulsed permanent tooth with incomplete rhizogenesis: <https://www.endodontologyonweb.org/article.asp?issn=09707212;year=2020;volume=32;issue=2;spage=104;epage=107;aulast=Damin>
- Guidelines for the management of avulsion: <https://www.slideshare.net/Drror0/guidelines-for-the-management-of-avulsion>