



Guidance document for processing PM-JAY packages

Submandibular Sialolithotomy

Procedures covered: 03

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Submandibular sialolithotomy	Intraoral submandibular sialolithotomy	SM016A	SM010A	6,000
Submandibular sialolithotomy	Intraoral submandibular sialolithotomy	SM016A	SM010B	6,000
Submandibular sialolithotomy	Extra oral submandibular sialolithotomy under GA	SM016B	SM010C	9,000

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 **Submandibular 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. In the present case study, we removed two sialoliths located beneath the mucosa in the posterior and anterior regions of Wharton's duct, respectively. For the posterior calculus, we performed sialolithotomy via an intra-oral approach; thereafter, the small anterior calculus near the duct orifice was removed by hydraulic power.

Treatment: can be symptomatic or surgical.

Conservative Treatment: Antibiotics, Palliative care, stimulate salivation by chewing sialagogues, improve oral hygiene by debridement and irrigation.

Surgical Drainage can be done using needle aspiration guided by USG

Causes:

- Secretory disturbance & precipitation- inflammatory process
- Specific changes in in structure of organic molecules supportive frame formation
- Metabolic disturbances - alkalinity & precipitation
- Other causes: Infection, Salivary dysfunction, ductal anomalies foreign bodies, ductal epithelium.

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
- Can be examined for: Sinus at the anterior border of sternocleidomastoid muscle

Investigation:

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

- 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
- Malignant carcinomas or tumors
- Recurrent swelling in floor of mouth with discharge of fluid
- Plunging Ranula

Contraindications: None as reported

Complications:

- Inability to remove fragment - *Postoperative infection*
- Neural Damage- *Intraductal adhesion*
- Sub-glossal scar band formation – *Sialocele & ranula formation*
- Damage lingual nerve
- Damage Wharton'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	Submandibular 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) • Ultrasonography (USG) • Sialography / Sialo-endoscopy • Conventional Radiography: Intra oral or Extra oral radiograph • 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) • X-ray (Intraoral or Extraoral) or Ultrasonography (USG) or Sialography / Sialo-endoscopy or CT/ CBCT	Yes
d. 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 history & clinical notes-including clinical signs &, examination findings, indications for doing the procedure? Yes
- Notes of conservation method/treatment given? Yes
- Radio-imaging (X-ray intra oral or extra oral) report available for the confirmation of presence of Sialolithiasis in Parotid Gland? Yes
- Pre-operative photograph of the affected parts (Intraoral and extraoral)

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 of the affected parts (Intraoral and extraoral) of excised calculi /stones/ excised tissue available? Yes
- Is the discharge summary available? Yes
- Radio-imaging report available demonstrating the absence of Sialolith? 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:

- Did the signs, symptoms, examination and confirm the presence of Sialolithiasis in the Submandibular Gland? 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. Calculus: <https://www.slideshare.net/punitnaidu07/2calculus>
- ii. Carranza periodontology book
- iii. Sonic and ultrasonic scaling: <https://www.slideshare.net/drjigneshr/sonic-and-ultrasonic-scaling-46329974>
- iv. Salivary Gland diseases: <https://www.slideshare.net/UDDent/salivary-glands-diseases>
- v. 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
- vi. Tooth Plaque, causes treatment and prevention:
- vii. <https://www.webmd.com/oral-health/guide/plaque-and-your-teeth>