



Guidance document for processing PM-JAY packages

Inferior turbinate reduction

Procedures covered: 1

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Inferior turbinate reduction under GA	Inferior turbinate reduction under GA	S200043, S200044	SL011A	5,700

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ PG Diploma or equivalent (in ENT)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Inferior turbinate reduction under GA**, 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:

Proceed for surgery only if diagnosis made is backed by clinical signs, symptoms, and examination.

Inferior Turbinate Surgery is the surgery for management of inferior turbinate hypertrophy not responsive to medical management. The surgery aims at reduction of the soft tissue volume of the turbinate with preservation of the maximum possible overlying mucosa.

The inferior turbinate forms the boundary of internal nasal valve and significantly regulates the air current passing through the nasal cavity. Hence, its hypertrophy leads to the symptom of nasal obstruction. Along with other turbinate, it ensures humidification of the inhaled air.

Indications:

- Symptomatic nasal obstruction secondary to enlarged/ hypertrophy of inferior turbinate

Causes:

- Secondary to:
 - Deviated nasal septum
 - Allergic/ vasomotor rhinitis
 - Chemical and physical toxins, anti-cholinergic medication, hormonal disorders, systemic diseases and acute and chronic inflammation of mucosal membrane
- Congenital anomalies

Signs & Symptoms: Narrowing/blockage of one or more nostrils, nasal congestion, frequent sinus infection, frequent nosebleed, facial pain, postnasal drip, noisy breathing during sleep

Contraindications: Surgery may be done in cases where maximal medical management has been tried but failed/ ineffective; where surgical correction of other causes such as deviated nasal septum/ nasal polyp is indicated

Complications: Apart from bleeding, crusting, and nasal pain, radical resection of the turbinate may lead to severe functional disturbances as a result of secondary atrophic rhinitis (Empty Nose syndrome).

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	Inferior turbinate reduction under GA
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure& advise for admission)	Yes
b. Nasal Endoscopic picture of the affected part, if available	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Detailed Discharge summary	Yes

d. Intra-operative stills of the affected part with time and date (optional)	Yes
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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 and examination confirm the presence of hypertrophy of inferior turbinate? Yes
- Has medical management/ conservative management tried and failed/ ineffective? Yes

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

References:

- Inferior Turbinate Surgery in Sleep-Disordered Breathing Patients with Nasal Obstruction: Principles and Various Techniques, Sleep Medicine Research (SMR), June 2018, <https://www.sleepmedres.org/m/journal/view.php?number=108#:~:text=Complications%20of%20turbinate%20surgery%20can,mucosa%20%5B16%2C17%5D.>
- Do Turbinate Reduction Procedures Restore Epithelial Integrity in Patients with Turbinate Hypertrophy Secondary to Allergic Rhinitis? A Histopathological Study, European Archives of Otorhinolaryngology, June 2018, <https://pubmed.ncbi.nlm.nih.gov/29600318/>
- Surgery of the turbinates and “empty nose” syndrome, GMS Current Topics in Otorhinolaryngology - Head and Neck Surgery, Apr 2011, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3199827/>
- Outcomes of Surgery for Inferior Turbinate Hypertrophy, Current Opinion in Otolaryngology and Head Neck Surgery, Feb 2010, <https://pubmed.ncbi.nlm.nih.gov/19915467/>