



Guidance document for processing PM-JAY packages

Septoplasty

Procedures covered: 1

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Septoplasty	Septoplasty	S200047	SL009A	12,000

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 **Septoplasty**, 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.

Septoplasty is a surgical correction of defects and deformities of nasal septum causing nasal obstruction or recurrent epistaxis.

Indications: Deviated nasal septum resulting in

- Nasal obstruction

- Recurrent epistaxis
- As an initial surgery to create adequate nasal space to perform endoscopic nasal surgeries

Causes:

- Post traumatic
- Congenital/ developmental

Symptoms: Blockage of one or more nostrils, nasal congestion, frequent nosebleed, facial pain and postnasal drip suggestive of sinusitis, noisy breathing during sleep in infants and young children.

Signs- deviation of the nasal septum, septal spurs.

Contraindications: Surgery should not be planned in children before completion of the development of facial skeleton (at least 14 to 16 years of age). In case of severe symptoms in pediatric patients which is not controlled by medical management, limited septoplasty should be considered avoiding the growth centers in the nasal septum.

Complications: Nasal obstruction, nasal bleeding, septal perforation, altered sense of smell and taste, failure to resolve associated nasal and sinus problem

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	Septoplasty
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure, circumstances of the incident which led to Deviated Nasal Septum& advise for admission)	Yes
b. Anterior rhinoscopy/ endoscopic picture showing deviated nasal septum	Yes
ii. At the time of claim submission	
a. Clinical notes	Yes
b. Procedure note/ operative note	Yes
c. 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:

- a. Did the signs, symptoms, examination and nasal x-ray confirm the presence of Deviated nasal septum? Yes

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

References:

- i. Endoscopic Septoplasty: A Retrospective Analysis of 415 Cases, Indian J Otolaryngology Head Neck Surgery, Sep 2015, <https://pubmed.ncbi.nlm.nih.gov/26405659/>
- ii. Evaluating Surgical Outcomes of Conventional Versus Endoscopic Septoplasty Using Subjective and Objective Methods, Niger J Clin Practice, Oct 2019, <https://pubmed.ncbi.nlm.nih.gov/31607726/>
- iii. Deviated septum, Harvard Health Publishing, Harvard Medical School, May 2019, https://www.health.harvard.edu/a_to_z/deviated-septum-a-to-z
- iv. Deviated Septum Surgery and Turbinectomy (Septoplasty, Nasal Airway Surgery), MedicineNet, https://www.medicinenet.com/nasal_airway_surgery/article.htm