



Guidance document for processing PM-JAY packages

Sinus Surgery

Procedures covered: 2

Specialty: ENT

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|------------------------------------|------------------------------------|--------------|--------------|---------------------|
| Functional Endoscopic Sinus (FESS) | Functional Endoscopic Sinus (FESS) | S200038 | SL013A | 11,000 |
| Open sinus surgery | Open sinus surgery | S200040 | SL012A | 15,000 |

ALOS: 2 Days

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 **Functional Endoscopic Sinus Surgery (FESS) & Open Sinus Surgery**, 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, examination.

Open sinus surgery & Functional Endoscopic Sinus Surgery (FESS) are surgeries for treatment of Sino-nasal pathology, most commonly chronic rhinosinusitis refractory to medical therapy and nasal polypi. FESS is a minimally invasive technique performed through nasal cavity using endoscopes where surgical field is viewed on monitor. Open sinus surgery is the conventional

approach to sinuses and are used for cases where endoscopic access to the sinuses or to the diseases is inadequate. Additional septoplasty may sometimes be combined with these surgeries to address significantly deviated septum.

(PM-JAY Guidance documents of Septorhinoplasty/ Septoplasty/ Inferior turbinate surgery may be referred for more details on these surgeries)

Indications:

- Inflammatory issues such as Chronic rhinosinusitis (refractory to medical/conservative management)
- Nasal polypi, Allergic fungal sinusitis
- Antro-choanal polyp

Causes:

- Bacterial fungal infection
- Allergic rhinitis
- Immune deficiency
- Genetic diseases- cystic fibrosis, ciliary dyskinesia, etc.
- Obstructing tumors
- Nasal polyps
- Ethmoidal polyps

Signs & Symptoms: Blockage of one or more nostrils, nasal congestion, facial pain, postnasal drip, nasal discharge, proptosis, visual disturbances in cases of extensive diseases compressing orbital contents or optic nerve.

Contraindications: Surgery may be done in cases where maximal medical management/ conservative management has been tried and failed/ ineffective/ not indicated

Complications: Nasal bleeding, nasal obstruction, disease recurrence, orbital complications, CSF leak, injury to optic nerve or internal carotid artery

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 | Functional Endoscopic Sinus Surgery (FESS) | Open sinus surgery |
|---|--|--------------------|
| The procedure if performed for Complicated sinusitis, may be done on an emergency basis. In | | |

| all such cases, pre-authorization documents can be submitted within 24 hours of admission. | | |
|---|-----|-----|
| i. At the time of Pre-authorization | | |
| a. Clinical notes (detailing signs, symptoms, chronicity of sinusitis, examination findings, indications for doing the procedure& advise for admission) | Yes | Yes |
| b. CT (PNS) report | Yes | Yes |
| ii. At the time of claim submission | | |
| a. Detailed Discharge summary | Yes | Yes |
| b. Indoor case papers | Yes | Yes |
| c. Procedure note/ operative note | Yes | Yes |
| d. Intra procedure Still images of the affected part with time and date (optional) | Yes | No |
| e. Histopathology report | Yes | 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:

| Mandatory document | Functional Endoscopic Sinus Surgery (FESS) | Open sinus surgery |
|--|--|--------------------|
| The procedure if performed for Complicated sinusitis, may be done on an emergency basis. In all such cases, pre-authorization documents can be submitted within 24 hours of admission. | | |
| 2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD): | | |
| a. Detailed Clinical notes (detailing signs, symptoms, chronicity of sinusitis, examination findings, indications for doing the procedure& advise for admission) available? | Yes | Yes |
| b. CT scan (PNS) reports? | Yes | Yes |
| 2.2.2 At the time of claims submission- For claims doctor (CPD): | | |
| a. Is the Discharge summary available? | Yes | Yes |
| b. Do OT notes detail the steps of surgery performed and outcomes of the surgery? | Yes | Yes |
| c. Are the documents available to show appropriate post-op care, advise including for follow-up? | Yes | Yes |

| | | |
|--|-----|-----|
| d. Are the Intra procedure Still images of the affected part with time and date available?(Optional) | Yes | No |
| e. Is the Histopathology report available | Yes | 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 investigations confirm the presence of Chronic sinusitis? Yes
- Evidence of medical/ conservative management tried but failed/ ineffective/ not indicated? Yes

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

References:

- Complications in Endoscopic Sinus Surgery for Chronic Rhinosinusitis: A 25-year Experience, The Laryngoscope, Dec 2011, <https://pubmed.ncbi.nlm.nih.gov/22086769/>
- Open Frontal Sinus Surgery: A Lost Art , Otolaryngology Clinic North America, Aug 2016, <https://pubmed.ncbi.nlm.nih.gov/27450621/>
- Comprehensive review on endonasal endoscopic sinus surgery, GMS Current Topics in Otorhinolaryngology - Head and Neck Surgery, Dec 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4702057/>
- Thirty years of endoscopic sinus surgery: What have we learned?, World Journal of Otorhinolaryngology - Head and Neck Surgery, June 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5683659/>
- Surgery for Sinonasal Disease, Chapter 12, May-June 2013, <https://pubmed.ncbi.nlm.nih.gov/23711040/>