



Guidance document for processing PM-JAY packages

Stapedectomy/ Tympanotomy

Procedures covered: 2

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Stapedectomy / tympanotomy	Stapedectomy	S200016	SL003A	13,000
Stapedectomy / tympanotomy	Tympanotomy	S200025	SL003B	13,000

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 **Stapedectomy / tympanotomy**, 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 ear examination.

Stapedectomy/ stapedotomy are the surgical procedure to treat hearing loss caused by stapes fixation. Stapes fixation happens as a result of otosclerosis, tympanosclerosis and may be congenital. Otosclerosis causes deposition of spongy bone around the stapes footplate affecting

the normal mobility of stapes footplate which is vital for transmission of sound energy from middle ear to inner ear leading to conductive hearing loss. This surgery is performed to replace the stapes bone with an artificial implant between the incus or malleus bone and the inner ear and thus restoring the hearing. Tympanosclerosis indicates irreversible calcification in the middle ear, developing as a sequela of otitis media. It may involve the ossicular chain causing hearing loss necessitating surgical removal and ossicular chain reconstruction.

Indications: Conductive hearing loss (due to stapes footplate fixation) air bone gap of at least 30dB

Tympanotomy: Exploratory tympanotomy is a surgical procedure that allows direct visualization of the contents of the middle ear, thus disclosing, confirming, and addressing the pathology in the middle ear.

Indications: Conductive hearing loss (due to middle ear pathology like tympanosclerosis, ossicular chain fixation, ossicular necrosis, ossicular dislocation, middle ear adhesions)

Signs & Symptoms: Hearing impairment (Conductive hearing loss)

Etiology: Otosclerosis of stapes footplate (Acquired), congenital malformation of stapes

Contraindications: Patients with active ear infection, only hearing ear, co-existing Meniere's disease

Investigations: **Pure tone audiometry** to measure air bone gap (ABG) (i.e. the difference between air conduction threshold and bone conduction threshold) before and after surgery, speech discrimination score

Complications: Damage to the ear drum, persistent conductive hearing loss, infection, vertigo, sensorineural hearing loss, perilymph fistula, tinnitus, dysgeusia.

Outcome: Air-bone gap is improved to <20dB.

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	Stapedectomy	Tympanotomy
i. At the time of Pre-authorization		
a. Clinical notes (detailing signs, symptoms, ear examination findings, indications for doing the procedure& advise for admission)	Yes	Yes
b. Audiometry report confirming conductive deafness and Tympanometry	Yes	Yes
ii. At the time of claim submission		

a. Indoor case papers	Yes	Yes
b. Procedure note/ operative note	Yes	Yes
c. Detailed Discharge summary	Yes	Yes
d. Intra-operative photograph with time and date (optional)	Yes	Yes
e. Invoice of the ossicular prosthesis/ piston used, if any	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Detailed Clinical notes (including clinical symptoms, ear examination findings, indications for doing the procedure & advice for admission)? Yes
- Evidence of Audiometry confirming conductive deafness? Yes

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- Do OT notes detail the steps of surgery performed and outcomes of the surgery? Yes
- Are the documents available to show appropriate post-op care, advice including for follow-up? Yes
- Is the discharge summary available? 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:

- Does the patient complain of functional hearing loss? Yes

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

References:



- i. Pitfalls and Complications of Stapedectomy: A Prospective Study; International Journal of Scientific Study, 2016, Vol 4, https://www.ijss-sn.com/uploads/2/0/1/5/20153321/ijss_dec_oa14_-_2016.pdf
- ii. Outcome of hearing in stapedectomy versus stapedotomy in nonendemic areas, Indian Journal of Otology, 2019, Vol 25, <http://www.indianjotol.org/article.asp?issn=0971-7749;year=2019;volume=25;issue=3;spage=114;epage=116;aulast=Alroqi>
- iii. Outcome of Management of Otosclerosis by Stapedotomy Compared to Stapedectomy in a Jordanian Population, Oman Medical Journal, Jan 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562988/>
- iv. Exploratory tympanotomy, Operative Techniques in Otolaryngology-Head and Neck Surgery, Mar 1996, <https://www.sciencedirect.com/science/article/abs/pii/S1043181096800571>
- v. Endoscopic exploratory tympanotomy findings in conductive hearing loss: a surgical review, IJMRR, June 2017, <https://ijmrr.medresearch.in/index.php/ijmrr/article/view/834/1522>
- vi. Clinical Practice Guideline: Tympanostomy Tubes in Children, American Academy of Otolaryngology- Head and Neck Surgery, SAGE publication, <https://journals.sagepub.com/doi/pdf/10.1177/0194599813487302>