



Guidance document for processing PM-JAY packages

Tympanoplasty

Procedures covered: 1

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Tympanoplasty	Tympanoplasty	S200017	SL002A	12,900

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 **Tympanoplasty**, 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 Tympanoplasty Surgery only if diagnosis made is backed by clinical signs, symptoms, and ear examination.

Tympanoplasty is a surgical technique to repair a defect in the tympanic membrane by placement of a graft using different techniques with or without ossicular reconstruction.

Indications:

- Persistent ear discharge due to tympanic membrane perforation with conductive hearing loss.

Tympanic perforation without hearing loss or with sensorineural hearing loss may be considered for repair in the presence of need for water sports activity or hearing aid usage.

Signs & Symptoms: recurrent ear discharge, hearing loss, perforation of tympanic membrane, tinnitus (ringing in the ear), giddiness

Etiology: Infection of the middle ear - chronic suppurative otitis media (most common cause), barotrauma (pressure exerted on ear drum associated with air travel), foreign objects in ear, trauma to ear, following ear surgeries like tympanostomy tube placement, exploratory tympanotomy, failed tympanoplasty

Risk factors: Adults & children both but more common in children, frequent upper respiratory tract infections, allergic rhinitis

Contraindications: Active ear infection, surgery in the only hearing ear needs caution.

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

Complications: Recurrence of the perforation, tympanic membrane retraction, otorrhea, cholesteatoma development (skin disease/ cyst in the ear), persistence or worsening of any conductive hearing loss, taste disturbance, facial nerve paralysis, sensorineural hearing loss.

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	Tympanoplasty
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, ear examination findings, indications for doing the procedure & advice for admission)	Yes
b. Audiogram report	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Indoor case papers	Yes
c. Procedure note/ operative note	Yes
d. Intra-operative photograph with time and date (optional)	Yes
e. Invoice of the ossicular prosthesis used, if any	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. Does the patient complaint of ear discharge and functional hearing loss? Yes

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

References:

- i. Tympanoplasty outcomes: A review of 789 cases, Iranian Journal of Otorhinolaryngology, March 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409954/>
- ii. A Review on the History of Tympanoplasty, Indian Journal of Otolaryngology Head and Neck Surgery, Dec 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3889360/>
- iii. Tympanoplasty for Chronic Tympanic Membrane Perforation in Children: Systematic Review and Meta-analysis, Otology & Neurotology, June 2015, <https://pubmed.ncbi.nlm.nih.gov/25899552/>
- iv. Tympanoplasty – news and new perspectives, GMS Current Topics in Otorhinolaryngology- Head and Neck Surgery, Dec 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5738936/>
- v. Risks and complications of tympanoplasty and mastoidectomy, Advanced ENT, 2016, <https://www.advancedent.com/wp-content/uploads/2016/02/Tympanoplasty-Mastoidectomy-Risks-Complications.pdf>
- vi. Operational Guidelines, Clinical Protocol Guidelines, ENT Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>