



GUIDANCE DOCUMENT FOR PROCESSING PM-JAY PACKAGES

Extraction of Impacted Tooth Under LA / GA

Procedures covered: 1

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Extraction of impacted tooth under LA /GA	Extraction of impacted tooth under LA /GA	S1600006	SM001A	5,00

ALOS:

Extraction of impacted tooth under LA /GA: **Ambulatory**

Minimum qualification of the treating doctor:

Essential: MDS (Oral Maxillo-facial surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process **Extraction of Impacted Tooth under LA /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, surgical and therapeutic management of patient. In that respect the hospitals and physicians/surgeons 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.

Extraction of Impacted Tooth under LA /GA: It is minor surgical procedure of extraction of tooth (wisdom tooth/3rd Molar /or any other tooth in the Jaw bones). While sometimes the teeth grow into a jaw that is large enough to accommodate them, most people do not

have ample room for their wisdom teeth, causing impacted wisdom teeth. That's because most of us have room for approximately 28 teeth, which is how many you have before your wisdom teeth come in.

Wisdom Teeth otherwise known as your third molars, are the last teeth to grow in and often arrive between the age of 17 and 25. They serve no purpose as our diet today consists of softer foods and we have the ability to cut food into small pieces we can easily chew. Often the wisdom teeth either fail to come through in proper alignment or they fail to emerge all the way through the gumline. This causes the impacted wisdom teeth that are trapped between the gum tissue and jawbone

Causes:

- Supernumerary teeth or odontomas
- Arch length
- Trauma
- Cystic lesion of the follicle
- Ankylosed or over retained primary teeth
- Early loss of primary teeth
- Idiopathic, iatrogenic
- Alveolar cleft, Abnormal position of tooth buds
- Dilaceration of root

Symptoms:

- **Swelling and Infection:** There is often significant swelling, pain, and infection that come with impacted wisdom teeth and the situation should not go untreated. In addition, since impacted wisdom teeth can damage nearby gums, teeth, and bone, many dentists will recommend having them surgically removed. Impacted wisdom teeth are more difficult to remove, leave you at greater risk for complications from surgery, and can permanently damage bones and other teeth. Also, the longer wisdom teeth pain persists, the more likely it is that an infection will result from bacteria entering open tissue. Oral infections can have a negative impact on general systemic health.
- **Impacted Wisdom Teeth Pain:** Wisdom teeth pain can be a sign of impacted wisdom teeth, which occurs when wisdom teeth are prevented from emerging by the jawbone or other teeth. Clues that your wisdom teeth could be impacted include jaw pain and tenderness, redness and swelling of the gums around the tooth, bad breath, or a bad taste when you bite down on food. Impacted wisdom teeth can also put you at risk for cysts, which are pockets of fluid that form around the tooth. Rarely, tumors can form around the tooth. Cysts and tumors can result in permanent damage to your jawbone as well as your other teeth. Wisdom teeth pain is not always a sign that your wisdom teeth are impacted, but the longer you wait to see a dental professional, the more likely it is that your wisdom teeth can become impacted.
- Malocclusion

Examination:



- **Full-Bony Impacted:** This type of wisdom tooth removal is the most difficult because the wisdom tooth is completely stuck in the jaw.
- **Partial-Bony Impacted:** In this case, wisdom tooth removal involves extracting a tooth that is partly stuck in the jaw.
- **Soft-Tissue Impacted:** This type of wisdom tooth removal is less complicated because the tooth is just stuck under the gum.
- **Erupted:** This type of wisdom tooth removal is the simplest because the tooth has already appeared in the mouth.

Investigations:

Required either of the following:

- Multiple periapical views (SLOB rule- method used to determine relative positions 2 objects in oral cavity using projection radiography)
- OPG/ CBCT/CT/ Lat oblique Xray Mandible/ Occlusal Xray

Indications for Tooth Extraction:

- Functionless
- Advanced caries, Advanced Periodontal Disease, Doubtful teeth.
- Teeth involved in untreated fracture presenting more than 3 days after injury.
- Vertical fracture, Dislocation, Subluxation
- Periapical Infection, Infected fracture line
- Acute pericoronitis.

Contraindications:

- Immunosuppression from disease (uncontrolled diabetes, kidney problem, heart disease etc.)
- Pregnant women from middle of the 3rd trimester.
- Communicable disease patients (such as TB)

Complications:

- Resorption of permanent Teeth
- Displacement and impaction of adjacent teeth
- Fracture of jawbone
- Dry socket / osteomyelitis
- Displacement of tooth/root in the lingual pouch or submandibular region

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	Extraction of Impacted Tooth under LA
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure)	Yes
b. Document required for Investigation: • Pre-op photo (extraoral and intraoral)	Yes
c. Radiological imaging of Impacted tooth	Yes
ii. At the time of claim submission	
a. Indoor case papers & Consent (informed written)	Yes
b. Procedure note/ operative note & Anesthesia notes (where applicable)	Yes
c. Barcode of Implants used submitted?	Yes
d. Investigation reports (post procedure) • Photograph of affected part/Treated part.	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 Dental Clinical notes (including clinical signs & symptoms such as difficulty in breathing, examination findings, indications for doing the procedure & advise for admission) submitted ?? Yes
- Document required for Investigation of Impacted Tooth: Yes
 - Radiological Imaging showing the Impacted tooth (intraoral and extraoral) submitted ?

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



- b. Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- c. Post-op Radiological imaging of the affected part submitted?
- d. Post-op photos (intraoral and extraoral) and of the extracted tooth (in 2 planes) submitted?

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 X-ray confirm the presence of impacted teeth? Yes

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

References:

- i. Resident manual of Trauma, to the Face, Head, Neck -1st Edition (2012): <https://www.semanticscholar.org/paper/Resident-Manual-of-Trauma-to-the-Face-%2C-Head-%2C-and-Edition/fb6590c3df10ab5cb632da766096cd17f88fd44f>
- ii. Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-3rd Edition: https://www.academia.edu/37335369/Textbook_of_Oral_and_Maxillofacial_Surgery_3rd_ed_2012_pdf
- iii. Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-4th Edition
- iv. Impacted Wisdom Tooth symptoms and Types & symptoms: <https://crest.com/en-us/oral-health/conditions/wisdom-teeth/impacted-wisdom-teeth-symptoms-types-removal>
- v. Etiology, Sequelae, amp: <https://www.slideshare.net/indiandentalacademy/etiology-sequelae-amp-management-of-impacted-teeth>
- vi. Indication & contraindication for impacted tooth: <https://europepmc.org/article/med/5258215>