



## Guidance document for processing PM-JAY packages

### Removal of Ranula

Procedures covered: 1

Specialty: Oral Maxillo Facial Surgery/ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Removal of Submandibular Salivary Gland	Removal of Ranula	S200089	SL022B	9,000

**ALOS: 2 Days**

**Minimum qualification of the treating doctor:**

**Essential:** MDS (Oral Maxillo-facial surgery); MS/MCh/ DNB/ equivalent in (ENT/Plastic Surgery).

**Special empanelment criteria/linkage to empanelment module:** None

#### Disclaimer:

For monitoring and administering the claim management process of **Removal of Ranula**, 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.

#### **Removal of Ranula:**

It is special type of mucocele which occurs in floor of the mouth, since the lesion appears like belly of the frog, it is called Ranula. It is formed because of the trauma to submandibular or sublingual duct.

### Causes:

- Developmental anomalies (aplasia, atresia, hypoplasia etc.)
- Sialolithiasis
- Inflammatory (Sialadenitis): bacterial, specific infections, allergic, post irradiation.
- Obstructive & traumatic (papillary obstruction of duct, salivary duct fistula, duct lumen obstruction, Frey's syndrome, mucocele)
- Xerostomia, ptyalism,
- Tumor like lesions (adenomas, carcinomas, malignant lymphomas etc.)
- Auto immune disorders and Degenerative disorders
- Etiological disorders.

### Symptoms:

- Mild, moderate, extreme drooling of saliva,
- Xerostomia (dry mouth)
- Sialolithiasis
- Complain of pain and swelling during and after consumption of food.
- Swelling and pain
- Recurrent swelling with discharge of fluid

### Examination:

- **INTRAORAL Examination:** Inspection, Palpation, Percussion, Auscultation of Submandibular gland for any swelling or redness or pain.
- lichen planus, dental caries, xerostomia.
- Any mucocele, salivary fistulae
- Any carcinomas, ulcers, tumors.
- **EXTRA ORAL Examination:** Inspect excessive drooling & bluish translucency swelling in superficial or deep mylohyoid muscle.

### Investigations of Ranula:

Either of the following documents are required as prescribed by surgeon:

- Conventional Radiography (X-ray) or
- Sialography or
- Ultrasonography
- Radiological Imaging/ CT/MRI

### Indications for Removal of Ranula:

- Detection of calculi or foreign bodies (multiple stone in glands)
- Determination of extent of destruction of salivary gland
- Detection of fistulae, diverticula, strictures
- Larger sialolith
- Malignant carcinomas or tumors
- Recurrent swelling in floor of mouth with discharge of fluid
- Plunging Ranula

### Contraindications:

- Damage nerve (Facial nerve paralysis)
- Auriculotemporal nerve damage (Frey's syndrome)
- Damage lingual nerve
- Damage Wharton's Duct
- Weakness of upper eye muscle.
- Salivary fistulae/ Sialoceles

### Complications:

Due to the large size of Ranula, the mucous may rupture out when injured. The mucoid fluid may accumulate in the heal areas and may show remissions and reappearances.

### 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	Removal of Ranula
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission) including pre-op photos (intraoral and extraoral)	Yes
b. Document required for Investigation of Ranula: <ul style="list-style-type: none"> <li>• X-ray of the Ranula</li> <li>• Conventional Radiography (X-ray)</li> </ul>	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers & Consent (informed written)	Yes
b. Procedure note/ operative note	Yes
c. Post-operative Photograph of the affected parts. Intraoral and extraoral and of excised tissue(Ranula) or Histopathology of the excised tissue	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):**

- a. Detailed Clinical notes (including clinical signs & symptoms, examination findings, indications for doing the procedure & advise for admission)? Yes
- b. Radiological Imaging for **presence of Ranula**? Yes
- c. Pre-op Photo (intraoral, extraoral)

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

- a. 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 Photo (intraoral, extraoral) of affected part submitted?
- d. Histopathology of the excised tissue to confirm the complete removal of Ranula? 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:**

- a. Did the signs, symptoms, examination, and X-Ray/USG to confirm the presence of anomaly / **Ranula** in the oral cavity region? Yes
- b. Documentary evidence that conservative / medical management tried and failed/ not indicated? 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 -1<sup>st</sup> 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-3<sup>rd</sup> Edition: [https://www.academia.edu/37335369/Textbook\\_of\\_Oral\\_and\\_Maxillofacial\\_Surgery\\_3rd\\_ed\\_2012\\_pdf](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-4<sup>th</sup> Edition
- iv. Plunging Ranula| Surgical Management <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5771944/>
- v. Oral & Plunging Ranula: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4455536/>
- vi. Treatment of Ranulas: [https://www.optecoto.com/article/S1043-1810\(08\)00078-X/](https://www.optecoto.com/article/S1043-1810(08)00078-X/)

