

## Guidance document for processing PM-JAY packages

### Sequestrectomy

Procedures covered: 2

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Sequestrectomy	Sequestrectomy*	S200076	SM602A	1,500
Osteoradionecrosis management by excision	Osteoradionecrosis management by excision	New Package	SM014A	5,000

\* If done under GA, add-on package GA / EUA separate add on package (SE040A) may be used.

**ALOS: 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 of **Sequestrectomy**, 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.

**Sequestrectomy:** is a surgical procedure involving the removal of a sequestrum—a fragment of dead bone or other tissue that has separated from healthy tissue as a result of injury or disease. Such Fragments often end up in wound and abscess. Sequestrectomies can performed on several body parts such as (leg, feet, spine, jaw etc.) It is treatment advised for Osteomyelitis of Maxillo-Facial Region.

**Osteoradionecrosis:** is a rare side effect that develops sometime after radiation therapy has ended. It usually occurs in the lower **jaw**, or **mandible**. The lower **jaw** is at risk of **osteoradionecrosis** because it has a limited blood supply. Very rarely, **osteoradionecrosis** can start in the upper **jaw**, or maxilla.

#### **Causes:**

- Osteomyelitis (Higher in mandible), Infantile Osteomyelitis trauma and infection during birth.
- Osteoporosis
- Fibrous Dysplasia
- Bone Tumours
- Paget's Disease
- Osteoradionecrosis

#### **Symptoms:**

- Osteomyelitis: Pain, mild fever, paranesthesia/anesthesia of the related skin, loosening of teeth, exudation of pus from gingival margins via sinus or fistula in affected skin.
- Chronic Osteomyelitis: minimal systematic upset, chronic sinuses with little pus, tender and indurated skin.

#### **Examination:**

- Enlarged Lymph nodes
- Patient's history, clinical examination, and surgical radiographic findings
- Infantile: maxilla on both affected sides is swollen buccally and palatally, fluctuance often present and fistula may exist in alveolar mucosa.

#### **Investigations:**

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

- Conventional Radiography (X-ray): of necrotic area or
- Radio isotopic Scanning or
- **Histopathology /Microbiology:** to confirm the pathogen

#### **Indications for Sequestrectomy:**

- Chronic Osteomyelitis



- Osteoradionecrosis
- Necrotic tissue

**Contraindications:** Not performed in infants below 3years.

**Complications:**

- Neoplastic transformation
- Progressive diffuse sclerosis
- Discontinuity defects: defects can be spontaneous

### 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	Sequestrectomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, examination findings, clinical photographs (intraoral & extraoral) indications for doing the procedure & advise for admission)	Yes
b. X-ray of the necrotic area in 2 planes or CT.	Yes
c. Histopathology/Microbiology Investigation of necrotic tissue	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure note/ operative note & Anesthesia notes where applicable.	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):**

- Are the Clinical notes (detailing signs, symptoms, examination findings, clinical photographs (intraoral & extraoral) indications for doing the procedure & advise for admission submitted? Yes
- Was the X-ray report of necrotic area submitted? Yes

**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

### **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/ Histopathology confirm the presence of osteomyelitis/ necrotic tissue in the oral cavity region? Yes

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

### **References:**

- i. Osteomyelitis: <https://www.slideshare.net/KingJayesh/osteomyelitis-75428014>
- ii. Osteomyelitis In maxilla facial Region :  
<https://www.slideshare.net/cathrinediana/osteomyelitis-in-maxillofacial-region>
- iii. Localized osteomyelitis of mandible secondary to dental, June 2013: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3517289/>
- iv. Chronic suppurative of mandible osteomyelitis September 2013: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3773067/>
- v. 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>
- vi. 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)
- vii. Textbook of Oral and Maxillofacial Surgery By Dr. Neelima Anil Malik-4<sup>th</sup> Edition