



## Guidance document for processing PM-JAY packages

### Deep neck abscess drainage

Procedures covered: 2

Specialty: ENT/ General Surgery/ Pediatric surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Deep neck abscess drainage/ Post trauma neck exploration	Deep neck abscess drainage	S200068	SL028A	16,800
Deep neck abscess drainage/ Post trauma neck exploration	Post trauma neck exploration	New Package	SL028B	16,800

**ALOS:** 5-10 Days

**Minimum qualification of the treating doctor:**

**Essential:** MS/ DNB/ PG Diploma or equivalent (in ENT) / MS/ DNB or equivalent (in Surgery) MCh. / DNB or equivalent (in Pediatric Surgery)

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

**Disclaimer:**

For monitoring and administering the claim management process of **Deep neck abscess drainage**, 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 is backed by clinical signs, symptoms, examination.

**Deep neck abscess drainage** is the surgical procedure intended for drainage of purulent collection and removal of devitalized tissue in the background of a suspected case of deep neck space abscess or necrotizing fasciitis.

**Post trauma neck exploration:** Surgical exploration for severe neck trauma is more likely to be required for penetrating neck injury. The indications and technique for exploring the neck due to severe neck trauma are

- Open neck wound with injury to major vessels, larynx, trachea, pharynx or oesophagus.
- Airway compromise
- Closed wound with rapidly spreading neck swelling or subcutaneous emphysema/ acute dysphagia/ hematoma/ breathing difficulty/ clinical or radiological evidence of progressive hematoma
- Contaminated open neck wound
- Retained infected foreign bodies like pebbles/ glass piece/ wood/ metal etc.

**Deep neck space infections** are rapidly spreading, mostly polymicrobial infections along the fascial planes and involving the spaces in head neck region. The most common source of infection is dental origin.

Common deep neck space infections are- Ludwig's angina (submandibular space abscess), Quinsy (peritonsillar space abscess) and parapharyngeal space abscess. These infections may also spread to retropharyngeal space, parotid space, masseteric space, temporal space, and carotid space.

**Necrotizing fibrofascitis** is a potentially fatal infection caused by group A Streptococcus and characterized by involvement of skin, subcutaneous tissue and muscles.

**Presentation-** Acute onset pain, fever, swelling, trismus, dysphagia.

- Skin necrosis, subcutaneous crepitus and blisters suggest necrotizing fibrofascitis.
- Underlying immunocompromised conditions may mask or subdue the presenting features.

**Complications-** sepsis, air way compromise, mediastinitis, venous thrombosis

### **Indications for drainage**

- Abscess formation
  - Necrotizing fibrofascitis
  - Deteriorating clinical features despite parenteral antibiotics for 24-48 hours
  - Airway compromise/ impending airway compromise
  - Venous thrombosis
  - Mediastinal extension of infection
- **Microbiological evaluation:** culture and sensitivity study of the drained material/ debrided tissue must be considered for gram positive, gram negative and anaerobes (whenever feasible) to guide the antibiotic medications.
  - **As this procedure involves emergency treatment: Preauthorization**—documents may be submitted once treatment has been initiated.

### **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	Deep neck abscess drainage
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advice for admission)	Yes
b. Clinical photograph of the affected part	Yes
c. Contrast enhanced CT/ lateral soft tissue neck X-ray supporting the diagnosis/ USG-of neck	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure note/ operative note	Yes
c. Post procedure clinical photograph of the affected part	Yes
d. Culture/ sensitivity report of the pus removed	Yes
e. Detailed Discharge summary	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: (PPD)**

Mandatory document	Deep neck abscess drainage
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Was the detailed Clinical notes – all vitals, detailed history especially previous surgery, symptoms, signs, physical examination including local examination, indication for procedure, advice for admission, and planned line of treatment submitted?	Yes
b. Was the Contrast enhanced CT/ lateral soft tissue neck X-ray supporting the diagnosis/ USG of neck investigation report confirming the diagnosis submitted?	Yes
c. Was the Clinical photograph of the affected part submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	

a. Are the detailed Indoor case papers with daily vitals and treatment details submitted?	Yes
b. Was Detailed Procedure / Operative Notes submitted?	Yes
c. Was the Post procedure clinical photograph submitted?	Yes
d. Was the culture/ sensitivity report of the pus report submitted?	Yes
e. Was the Detailed discharge summary submitted?	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:**

- Was Clinical notes, detailing history and CT/ lateral soft tissue neck X-ray / USG of neck reports indicative of surgery? Yes

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

### **References:**

- Standard Treatment Workflow (STW) for the management of Neck Space Infection, ICD-10-J36, J39.0, K 12.2, J39.1 by Department of Health Research, Ministry of Health and Family Welfare, Government of India  
[https://main.icmr.nic.in/sites/default/files/Books/STW\\_Manual\\_Small.pdf](https://main.icmr.nic.in/sites/default/files/Books/STW_Manual_Small.pdf).
- Brito, Thiago Pires, et al. "Deep neck abscesses: study of 101 cases." Brazilian journal of otorhinolaryngology 83.3 (2017): 341-348.
- Motahari, Seyyed Jafar, et al. "Treatment and prognosis of deep neck infections." Indian Journal of Otolaryngology and Head & Neck Surgery 67.1 (2015): 134-137.
- McDowell, Rachel H., Mohammed Khadeer, and Matthew J. Hyser. "Neck abscess." (2017).
- Diaz Jr, Jose J. "Surgical exploration for severe neck trauma."