



Guidance document for processing PM-JAY packages

Foreign Body Removal

Procedures covered: 1

Specialty: ENT, General Surgery, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Foreign Body Removal	Foreign Body Removal	S100058, S200026	SG098A	5,000

ALOS (in Days): 1

Minimum qualification of the treating doctor:

Essential: MS/ DNB/PG Diploma or equivalent (in ENT, General Surgery, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

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

Foreign Body Removal: Ear, nose and throat (ENT) foreign bodies (FBs) are common occurrences, particularly among children.

- Their consequences are greatly variable, from mild disturbances that may not require hospitalization up to life-threatening complications.

- The variability is related to many factors, such as the chemical composition, shape and dimensions of the FBs, and the anatomical site involved (ear, nose, oral cavity (fish bones etc) as well as inhaled and ingested FB)
- Cases of foreign bodies in airway and oesophagus may be presented in emergency with life-threatening breathing difficulty, with a history of foreign body aspiration/ ingestion and as unexplained chest infection/ dysphagia based on the site of lodgment and nature of the foreign body material.

Management: FB should be removed from nasal cavity, ear and oral cavity following visualization of the FB and under adequate light using appropriate instruments. Some pediatric patients, apprehensive patients and deeply impacted painful FB may require sedation or general anesthesia for removal. On many occasions need for endoscopes and microscopes arise for FB removal from nose/ throat and ear respectively.

Foreign bodies in the larynx and airway may be removed by direct laryngoscopy and rigid trachea-bronchoscopy method. For oesophageal foreign bodies, flexible or rigid oesophagoscopy may be used.

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	Foreign Body Removal
*If this procedure is performed in emergency ward, the preauthorization is not mandatory.	
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the day care procedure.	Yes
b. X-ray report/ clinical picture of the affected part confirming the diagnosis and justify the procedure.	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Post procedure clinical photograph/ relevant imaging study for pre and post procedure comparison	Yes
d. Detailed Discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)



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. Was the Clinical notes and X-ray/clinical picture of affected part are indicative of procedure? Yes

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

References:

1. Awad, Al Hussein, and Mostafa ElTaher. "ENT foreign bodies: an experience." International archives of otorhinolaryngology 22.2 (2018): 146-151.
2. Lotterman, Seth, and Maheep Sohal. "Ear Foreign Body Removal." (2017).
3. Davies, P. H., and J. R. Bengier. "Foreign bodies in the nose and ear: a review of techniques for removal in the emergency department." Emergency Medicine Journal 17.2 (2000): 91-94.
4. Craig, Simon S., et al. "Removal of ENT foreign bodies in children." Emergency medicine Australasia: EMA 27.2 (2015): 145.
5. Heim, Steven W., and Karen L. Maughan. "Foreign bodies in the ear, nose, and throat." American family physician 76.8 (2007): 1185-1189.
6. Kullar, Peter, and Philip D. Yates. "Infections and foreign bodies in ENT." Surgery (Oxford) 30.11 (2012): 590-596.
7. Grigg, Sarah, and Cameron Grigg. "Removal of ear, nose and throat foreign bodies: A review." Australian journal of general practice 47.10 (2018): 682-685.