



Guidance document for processing PM-JAY packages

Apicoectomy

Procedures covered: 1

Specialty: Oral Maxillo Facial Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Apicoectomy	Apicoectomy (A) Tooth (for a max of 2 teeth in each Jaw)	New Package	SM008A	1,500 (includes cost of RCT of the affected tooth)

ALOS: Day care service

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 **Apicoectomy**, 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:

Apicoectomy is surgical resection of the root tip of a tooth and its removal together with the pathological periapical tissues. Accessory root canals and additional apical foramina are also removed in this way, which may occur in the periapical area and which may be considered responsible for failure of an endodontic therapy.

Causes:

- Pulpitis, pulp necrosis
- Traumatic periodontitis
- Acute & chronic periapical periodontitis

Symptoms:

- Pain when external pressure applied to the tooth well located by the patient
- No pain on hot & cold stimulation

Examination:

- Clinical Examination - clinically asymptomatic but may be associated with occlusion tenderness
- Percussion may produce a dull note
- No or little radiographic changes on slight widening of the periodontal ligament. Widening of PDL space may be seen radiographically

Investigation:

- Intra oral radiograph of tooth : ***OPG/CBCT/CT as suggested by treating doctor.***

Indications:

- Anatomical problems: calcification, severe root curvatures, constricted canals.
- Periapical Inflammation, failed root canal treatment, large unresolved lesions after RCT,
- Horizontal root fracture
- Procedure errors: ledging, gross overfills, perforations
- Ceramic crowns
- Dental anomalies.

Contraindications:

- Presence of systemic diseases: leukemia, uncontrolled diabetes, anemia, thyrotoxicosis etc.
- Teeth with deep periodontal pockets and grade -3 mobility
- Incases when traumatic occlusion cannot be corrected
- Grossly carious tooth

Complications:

- Damage to the anatomical structure in case of penetration of the nasal cavity, maxillary sinus & mandibular canal with the bur
- Bleeding from greater palatine artery during apicoectomy of palatal root
- Incomplete root resection due to insufficient access or visualization and misjudged length of root

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	Apicoectomy
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes
b. Document required for investigation of periapical inflammation/periapical periodontitis: <ul style="list-style-type: none"> • X-ray (Intraoral)/OPG/CBCT/CT including Pre-op intraoral clinical photograph 	Yes
ii. At the time of claim submission	
a. Indoor case papers & Consent (informed written)	Yes
b. Procedure note/ operative note confirming the Apicoectomy procedure done for treatment	Yes
c. Post -Op X-ray Intraoral/OPG	Yes
d. Post-op clinical intraoral photograph	

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 Clinical notes -including clinical signs &, examination findings, indications for doing the procedure? Yes
- Notes of conservative treatment given or tried? Yes
- X-ray with report available for the confirmation of periapical inflammation/periapical periodontitis of tooth? Yes

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



- a. Do the clinical notes have detail of the periapical inflammation of tooth, steps of treatment given and outcomes? Yes
- b. Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- c. Post-operative Photograph of the treated tooth (Intraoral) available including post op X-Ray with report? 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 **clinical notes and X-ray report confirm the** presence of periapical inflammation? 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. Carranza's Clinical Periodontology: 2nd South Asia edition.
- ii. Acute Periapical periodontitis: https://www.slideshare.net/gelysalvatoore/acute-apicalperiodontitis25mar2013?next_slideshow=1
- iii. Management of periapical periodontitis in dental clinic: Thakur, D. V., Fatima, D. A., Shabir , D. H., Kour , D. P., Chauhan, D. M., Sahi , D. S., & Raina , S. (2021). Management of Apical Periodontitis in Dental Clinic. *Journal of Current Medical Research and Opinion*, 4(01), 751-754. <https://doi.org/10.15520/jcmro.v4i01.390>
- iv. Pathogenesis of Apical periodontitis and the causes of Endodontic Failures: Nair PNR. Pathogenesis of Apical Periodontitis and the Causes of Endodontic Failures. *Critical Reviews in Oral Biology & Medicine*. 2004;15(6):348-381. doi:[10.1177/154411130401500604](https://doi.org/10.1177/154411130401500604)
- v. Prevalence of Asymptomatic Apical periodontitis and its association with Coronary artery disease in Brazilian Population: Paloma de Oliveira B, Câmara AC, Aguiar CM. Prevalence of Asymptomatic Apical Periodontitis and its Association with Coronary Artery Disease in a Brazilian Subpopulation. *Acta Stomatol Croat*. 2017;51(2):106-112. doi:10.15644/asc51/2/3