



Guidance document for processing PM-JAY packages

Adenoidectomy

Procedures covered: 1

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Adenoidectomy	Adenoidectomy	S200057	SL015A	5,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ PG Diploma or equivalent (in ENT)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

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

Adenoidectomy is the surgical removal of adenoids. It is one of the most commonly performed procedures in children. The adenoid tissue consists of lymphoid tissue lining the posterior wall of the nasopharynx, forming the superior boundary of Waldeyer's lymphatic ring. The adenoid enlarges rapidly during early childhood till the age of 6-7 years and regresses gradually with enlargement of facial skeleton as well as reduced frequency of upper respiratory tract infections. Persistent adenoid tissue in adults is unusual and as a resultant of persistent or frequent



rhinosinusitis and allergy. An enlarged adenoid may obstruct a small nasopharynx in some children resulting features of mouth breathing, obstructive sleep apnea, and otitis media with effusion.

Causes:

- Bacterial/ viral infections
- Allergy
- Passive smoking

Symptoms:

- mouth breathing, nasal obstruction, nasal discharge, post-nasal discharge, hypo-nasal speech, loss of appetite
- earache, hearing loss, delayed and defective speech and language
- snoring, interrupted sleep, sleep arousals, enuresis, irritability

Examination:

- Adenoid hypertrophy associated chronic mouth breathing may lead to adenoid facies (an elongated dull expressionless face, crowded upper teeth, hitched up upper lip, high arched palate and pinched in nose).
- Nasal examination by endoscopy/ posterior rhinoscopy reveals adenoid tissue arising from roof of nasopharynx.
- Aural examination to rule out glue ear and hearing loss
- Oral cavity examination
- Eustachian tube function tests (Valsalva technique, if possible)

Investigations:

- **X-ray** Nasopharynx (Lateral view)
- **Otitis media with effusion-** Audiometry, Tympanometry
- **Sleep apnea-** Polysomnography (very occasionally required and to be done only with pre-authorization)

Indications for adenoidectomy-

Inadequate or failed response to conservative management for obstructive sleep apnea in children (with or without tonsillectomy), persistent mouth breathing causing facial skeletal

abnormality/ dental crowding, recurrent otitis media with effusion following grommet insertion, hearing loss due to persistent glue ear, recurrent rhinosinusitis, chronic adenoiditis

Contraindications: Coagulation and bleeding disorders, cleft palate (partial adenoidectomy is indicated in such cases, if required), active infection.

Complications: Intraprocedural trauma to teeth/lip/ tongue , pain (self-limiting), bleeding, voice change, adenoid regrowth, nasopharyngeal stenosis (rare)

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	Adenoidectomy
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. X-ray of Nasopharynx (lateral view)	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Detailed Discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:

- Did the signs, symptoms, examination and x-ray (nasopharynx) confirm the presence of enlarged Adenoids? Yes

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

References:

- Adenoidectomy, StatPearls, May 2020, <https://www.ncbi.nlm.nih.gov/books/NBK535352/>
- Changing Trends in Adenoidectomy, Indian Journal of Otolaryngology and Head & Neck Surgery, Dec 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4571468/>



- iii. Adenoidectomy: Current Approaches and Review of Literature, Kulak Burun Bogaz Ihtis Derg (KBB): Journal of Ear, Nose and Throat, May-Jun 2016, <https://pubmed.ncbi.nlm.nih.gov/27107607/>
- iv. Adenoid Hypertrophy in Adults: A case Series, Indian Journal of Otolaryngology and Head & Neck Surgery, Jul 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3696153/#:~:text=The%20common%20causes%20of%20adenoid,is%20due%20to%20adenoid%20hypertrophy.>