



Guidance document for processing PM-JAY packages

Pharyngoplasty/ Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnoea

Procedures covered: 1

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (In days)
Uvulopalatopharyngoplasty (UPPP)	Uvulopalatopharyngoplasty (UPPP)	S200077	SL019A	18,600	2

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 **Uvulopalatopharyngoplasty**, 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.

Uvulopalatopharyngoplasty (UPPP) and pharyngoplasty are surgical procedures for obstructive sleep apnoea (OSA) as a result of upper airway narrowing at the level of oropharynx. UPPP



consists of bilateral tonsillectomy, removal of lower part of uvula and suturing of the tonsillar pillars to reduce tissue collapse and widen the oropharyngeal aperture. t

Symptoms of OSA

- Snoring or noisy breathing during sleep
- Sleep arousals and sleep fragmentation
- Excessive daytime sleepiness
- Impaired quality of life due to lack of sleep

Signs:

- Upper airway narrowing at the level of palate/ oropharynx/ tongue base observed during Muller's maneuver.

Examination:

- Examination of the nasal cavity, nasopharynx, oral cavity, oropharynx and larynx

Investigations:

- Muller's maneuver using flexible nasal endoscopy
- Polysomnography

Indications:

Inadequate or failed response or patient refuses to conservative management for obstructive sleep apnea (OSA) such as Continuous positive airway pressure (CPAP).

Contraindications: Coagulation and bleeding disorders.

Complications: Airway obstruction (due to peri-operative use of narcotics), nasal regurgitation especially when drinking fluids (velopharyngeal insufficiency), changes in voice and speech characteristics, postoperative bleeding, throat dryness, nasopharyngeal stenosis.

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	Pharyngoplasty/ Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnoea
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. Polysomnography (sleep study)	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Detailed Discharge summary	Yes
d. Post procedure clinical photograph of the affected part	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):

- Detailed Clinical notes (including clinical signs & symptoms such as apnea, hypopnea, examination findings of oral cavity and tonsils, indications for doing the procedure & advise for admission)? Yes
- Polysomnography (sleep study) report suggestive of apnea/ hypopnea? Yes

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

- Do OT notes detail the steps of surgery performed and outcomes of the surgery? Yes
- Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- Is the discharge summary available? Yes
- Is the Post procedure clinical photograph of the affected part available? 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:

- Did the signs, symptoms and sleep study (with Apnea hypopnea index ≥ 5), confirm obstructive sleep apnea/ hypopnea? Yes



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

References:

- i. Uvulopalatopharyngoplasty, Encyclopedia of Sleep, 2013, <https://www.sciencedirect.com/topics/medicine-and-dentistry/uvulopalatopharyngoplasty>
- ii. A Prospective Study of the Surgical Outcome of Simple Uvulopalatopharyngoplasty (UPPP), UPPP Combined With Genioglossus Advancement or Tongue Base Advancement for Obstructive Sleep Apnea Hypopnea Syndrome Patients With Multilevel Obstruction, Clinical and Experimental Otorhinolaryngology, June 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4451538/>
- iii. Uvulopalatopharyngoplasty in the Management of Obstructive Sleep Apnea: The Mayo Clinic Experience, Mayo Clinic proceedings, Sep 2009, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2735429/>