



Guidance document for processing PM-JAY packages

Tonsillectomy & Peritonsillar abscess drainage

Procedures covered: 3

Specialty: ENT/ Pediatric surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (In days)
Tonsillectomy	Tonsillectomy - U/L	S200074	SL016A	7,500	2
Tonsillectomy	Tonsillectomy - B/L	S200074	SL016B	7,500	2
Peritonsillar abscess drainage / intraoral calculus removal	Peritonsillar abscess drainage	S200069	SL017A	5,800	1

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Tonsillectomy & Peritonsillar 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 made is backed by clinical signs, symptoms, examination.

- a. **Tonsillectomy** is the surgical removal of faucial tonsils, performed with or without adenoidectomy by dissecting in the peritonsillar space between the tonsil capsule and the pharyngobasillar fascia covering the superior constrictor muscle.

Indications:

- Recurrent episodes of tonsillitis which are disabling and prevent normal functioning and occur with a frequency of either one of the following
 - 7 or more well documented episodes in the preceding year
 - 5 or more episodes in each of the preceding two years]
 - 3 or more in each of the three preceding years
- Tonsillar hyperplasia (with/ without adenoid hyperplasia) resulting in obstructive sleep apnoea/ speech defects/ craniofacial abnormalities/ dysphagia or failure to thrive/ cor-pulmonale
- Interval tonsillectomy for one episode of peritonsillar abscess in the background of recurrent tonsillitis or more than one episode of quinsy on the same side
- Recurrent tonsillitis associated with valvular heart disease or recurrent febrile seizure
- Suspected neoplasia

Investigations:

- Throat culture positive for GABHS infection
- Polysomnography in the presence of obstructive sleep apnoea (optional)

Contraindications: Coagulation and bleeding disorders, active infection.

Complications: Post-operative Hemorrhage, local trauma to lip/ tongue, TM joint dysfunction, Griesel syndrome, infection, velopharyngeal insufficiency

Follow-up advice: soft diet, oral hygiene, oral antibiotics, analgesics and immediate reporting to hospital in case of oral bleeding

- b. **Peritonsillar abscess** results following an episode of acute pharyngeal infection due to pus accumulation between the tonsillar capsule and the surrounding pharyngeal constrictor.

Symptoms: It's an emergency condition and the patient may present with severe sore throat, trismus, fever, altered voice, difficulty to swallow saliva, ipsilateral earache.

Management:

- Intravenous antibiotics
- Needle aspiration or incision and drainage followed by a course of antibiotics



- Interval tonsillectomy to be considered for one episode of peritonsillar abscess in the background of recurrent tonsillitis or more than one episode of quinsy on the same side

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	Tonsillectomy	Peritonsillar abscess drainage
i. At the time of Pre-authorization		It's an emergency condition, pre-auth documents may be submitted after admission
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes	Yes
b. Throat culture report	Yes	Yes
ii. At the time of claim submission		
a. Indoor case papers	Yes	Yes
b. Procedure note/ operative note	Yes	Yes
c. Detailed Discharge summary	Yes	Yes
d. Histopathology report	Yes	No
e. Culture/ Sensitivity report of pus	No	Yes
f. Post procedure clinical photograph of the affected part	Yes	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 and examination confirm the presence of enlarged Tonsils/ Peritonsillar abscess/ intraoral calculus removal? Yes

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

References:

- Clinical Practice Guideline: Tonsillectomy in Children (Update)-Executive Summary, Otolaryngology- head and neck surgery, American Academy of Otolaryngology, Feb 2019,



[https://pubmed.ncbi.nlm.nih.gov/30921525/;](https://pubmed.ncbi.nlm.nih.gov/30921525/)

<https://journals.sagepub.com/doi/full/10.1177/0194599818801757>

- ii. Surgical management of the tonsillectomy and adenoidectomy patient, World Journal of Otorhinolaryngol Head Neck Surgery, Sep 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5829294/>
- iii. Tonsillectomy-Comparative Study of Various Techniques and Changing Trend., Indian Journal of Otolaryngology and Head and Neck Surgery : Official Publication of the Association of Otolaryngologists of India, Sep 2017, <http://europepmc.org/article/med/29238690>
- iv. Efficacy of Sucralfate in Alleviating Pain And Morbidity in Post-Tonsillectomy Patients- A Randomized Control Trial, Global Journal of Otolaryngology, August 02, 2018
- v. Tonsillectomy and Adenoidectomy: Indications, Complications and their Management, Journal of Surgery: Open Access, Oct 2018, <https://www.sciforschenonline.org/journals/surgery-open-access/article-data/JSOA-4-173/JSOA-4-173.pdf>