

Guidance document for processing PM-JAY packages

Tracheostomy / Tracheotomy

Procedures covered: 2

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Tracheostomy / Tracheotomy	Tracheostomy	S1500021	SL026A	6,000
Tracheostomy / Tracheotomy	Tracheotomy	New Package	SL026B	6,000

ALOS: NA

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: MS/ DNB/Diploma or equivalent (in ENT)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Tracheostomy / Tracheotomy**, 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 tracheostomy and tracheotomy are procedures of incising or excising (a small portion of) anterior tracheal wall to facilitate breathing through the cervical trachea instead of normal nasal breathing.

These procedures are performed for various indications which can be broadly described as

- a part of mechanical ventilation when prolonged ventilation is needed in sick patients
- to secure the airway bypassing any obstructive pathology in oropharynx/ supraglottis/ subglottis/ high trachea
- for better pulmonary toileting where patients are unable to cough out their own secretions due to neuromuscular pathologies.

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	Tracheostomy / Tracheotomy
If this is an emergency procedure where pre-authorization is not indicated	
i. At the time of Pre-authorization	
a. Detailed Clinical notes with history, symptoms, signs and indication for procedure	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative note	Yes
c. Post procedure clinical photograph of the affected part	Yes
d. Histopathology report (In applicable cases)	Yes
e. Detailed discharge summary	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:

Mandatory document	Tracheostomy / Tracheotomy
If this is an emergency procedure where pre-authorization is not indicated	
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the detailed Clinical notes with history, symptoms, signs and indication for procedure submitted?	Yes

ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Was Detailed Indoor case papers submitted?	Yes
b. Was Detailed Procedure / Operative notes submitted?	Yes
c. Was the Post procedure clinical photograph of the affected part submitted?	Yes
d. Was the Histopathology report submitted? (In applicable cases)	Yes
e. Was the detailed discharge summary submitted?	Yes

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:

- Did the Clinical notes and examination findings confirm the need for tracheostomy/ tracheotomy? Yes

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

References:

- Cheung, Nora H., and Lena M. Napolitano. "Tracheostomy: Epidemiology, Indications, Timing, Technique, and OutcomesDiscussion." Respiratory care 59.6 (2014): 895-919.