



Guidance document for processing PM-JAY packages

Closed Reduction Fixation (maxilla, mandible, zygoma)

Procedures covered: 4

Specialty: Oral Maxillofacial Surgery/ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of maxilla	S200036	SL033A	9,200 +Implant
Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of mandible	S200036	SL033B	9,200 +Implant
Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction for fracture of Zygoma	S200036	SL033C	9,200 +Implant
Closed reduction / intermaxillary fixation for fracture of maxilla / mandible / zygoma	Closed reduction and Intermaxillary fixation for fracture of mandible	S200036	SL033D	9,200 +Implant

ALOS

- Closed reduction for fracture of maxilla/mandible/zygoma: **1-2 Days**

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 **Closed Reduction Fixation (maxilla, mandible, zygoma)**, 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, surgical, and therapeutic management of patient. In that respect the hospitals and physicians/surgeons 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 & radiologically.

Closed Reduction Fixation Package: It is procedure for restoration and alignment of the fractured fragments to their original anatomical position without visualization of the fracture line.

Methods of Closed Reduction:

- a. Reduction by manipulation
- b. Reduction by Traction

It includes:

- Fracture reduction that involves the technique of not opening the skin or mucosa covering the fracture site.
- Fracture site heals by secondary bone healing.
- This is also form of non-rigid fixation.

Causes:

- Fall
- Trauma (Direct blow/ Kick to the Body)
- Sport /Industrial Accident
- Diseases (osteomyelitis, metabolic disorder, or tumors)
- Direct or Indirect Violence

Symptoms:

- Displacement of condyle into the middle cranial fossa (with or without fracture)
- Lateral extracapsular displacement of condyle (with or without fracture)
- Impossibility of obtaining proper occlusion by closed techniques.
- Crepitus (cracking and grafting sound)

Examination:

- **Intraoral Examination:** Inspection, Palpation, Percussion, Auscultation, Glasgow COMA scale (Routine Examination).
- **Extra Oral Examination:** Inspection by face wash with warm saline/water, check for presence of edema, ecchymosis, deformity, facial symmetry.



Inspect for CSF leak or bleeding areas, dried blood clots scabs

Inspect for associated soft tissue injury.

Inspect for Battle's Sign (ecchymosis near mastoid process), Raccoon's eyes (circumorbital Edema & Ecchymosis)

Investigations:

Required either of the following as supporting Investigation documents.

- **X-ray** paranasal sinus (PNS) with Water's view or Submento vertex for fracture of Maxilla and zygoma or
- **X-ray** Nasal bone Lateral view (Right/Left) for nasal bone fracture or
- **X-Ray** mandible latera Oblique, PA for Mandible Fracture or **OPG** (X Ray) or
- **X-ray** Lateral oblique view (Right/Left) for mandible or
- **X-ray** cranial PA view(skull) or
- **CBCT (Cone beam computed Tomography)/ CT** of Maxilla/mandible (for any additional number of fractures in zygoma & Head and neck – required on surgeon prescription.

Indications for CLOSED REDUCTION REDUCED FIXATION Maxilla/Mandible/Zygoma:

- Nondisplaced favorable fracture
- Grossly comminuted fracture
- Fractures exposed with significant loss of overlying soft tissue.
- Edentulous mandibular fractures.
- Mandibular fractures in children
- Condylar fracture

Contraindications:

- Unfavorable fractures at the angle of the mandible.
- Unfavorable fractures at the symphysis or the body of the mandible.
- Medically compromised patient.
- Complex facial fracture
- Edentulous mandibular fracture with severe displacement.

Complications:

- Bacterial Infection, either from the hardware or incision.
- Bleeding, Blood Clot, Allergic reaction to anesthesia, nerve or blood vessel damage, tendon/ligament damage
- Incomplete or abnormal bone healing
- metal hardware moving out of place



- reduced or lost mobility
- muscle spasms or damage, arthritis, tendonitis.
- Audible popping and snapping.
- Chronic pain due to hardware(screws/wiring/implants)

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	Closed Reduction Fixation Package Maxilla/ Mandible/Zygoma:
I. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, examination findings, clinical photographs (intraoral & extraoral), indications for doing the procedure & advise for admission)	Yes
b. Document required for Investigation of fracture: <ul style="list-style-type: none"> • X-ray Nasal bone Lateral view (Right/Left) for nasal bone fracture or • X-Ray mandible latera Oblique, PA view for Mandible Fracture or Submento vertex, CBCT/ CT/ OPG. • OPG(Orthopantomogram) for mandible fracture or • X-ray Lateral oblique view (Right/Left) for mandible or • X-ray cranial PA view(skull) or 	Yes
c. Clinical photograph of the affected part	Yes
II. At the time of claim submission	
a. Indoor case papers & Consent (informed written)	Yes
b. Procedure note/ operative note & Anesthesia Notes, (where applicable)	Yes
c. Barcode of Implants used	
d. Post-Operative X-ray of the affected part	Yes
e. Detailed Discharge summary	Yes

Optional Document	Closed Reduction Fixation Package Maxilla/Mandible/Zygoma:
I. At the time of Pre-authorization	
a. Document required such as for Investigation of Fracture: <ul style="list-style-type: none"> • X-ray of Paranasal sinus (PNS) with Water's view/ mandible lateral Oblique, or Submento vertex 	Yes



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| <ul style="list-style-type: none">• CBCT/ CT or• PA for Mandible Fracture/ mandible lateral oblique or• MLC/FIR for traumatic injuries and circumstances of the incident which led to fracture. | |
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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):**

- a. Detailed Oral Maxillofacial clinical notes (including clinical signs & symptoms such as difficulty in breathing, examination findings, indications for doing the procedure & advise for admission)? Yes
- b. X-ray report of Maxilla/mandible/zygoma/Head & Neck showing fractures or multiple fractures? Yes

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

- a. Do OT notes detail the steps of surgery performed and outcomes of the surgery? Yes
- b. Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- c. Do the Post-Operative X-Ray confirm Fixation of Fracture? Yes
- d. Barcode of Implant(s) used? Yes
- e. Is the discharge summary 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:**

- a. Did the signs, symptoms, examination, and X-ray confirm the presence of Maxilla/Mandible /Zygoma fracture? Yes



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

References:

- i. ORIF SURGERY: <https://www.healthline.com/health/orif-surgery>
- ii. Indications of open & Closed reduction Treatment: [https://www.joms.org/article/S0278-2391\(04\)00479-3/fulltext](https://www.joms.org/article/S0278-2391(04)00479-3/fulltext)
- iii. Resident manual of Trauma, to the Face, Head, Neck -1st Edition (2012): <https://www.semanticscholar.org/paper/Resident-Manual-of-Trauma-to-the-Face-%2C-Head-%2C-and-Edition/fb6590c3df10ab5cb632da766096cd17f88fd44f>
- iv. Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-3rd Edition: https://www.academia.edu/37335369/Textbook_of_Oral_and_Maxillofacial_Surgery_3rd_ed_2012_pdf
- v. Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-4th Edition