



Guidance document for processing PM-JAY packages

ORIF of Maxilla, Mandible, Zygoma, Head & Neck, Orbital Fracture

Procedures covered:5

Specialty: Oral Maxillofacial Surgery/ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0/2.1 code	Package price (INR)
Open reduction and internal fixation of Maxilla / Mandible / Zygoma	Open reduction and internal fixation of Maxilla under LA/GA	S200036	SL034A	14000+ Implant Cost
Open reduction and internal fixation of Maxilla / Mandible / Zygoma	Open reduction and internal fixation of Mandible under LA/GA	New Package	SL034B	14000+ Implant Cost
Open reduction and internal fixation of Maxilla / Mandible / Zygoma	Open reduction and internal fixation of Zygoma under LA/GA	New Package	SL034C	14000+ Implant Cost
Head injury with repair of Facio-Maxillary Injury & fixations (including implants)	Head injury with repair of Facio-Maxillary Injury & fixations (including implants) under GA	S600004	ST002A	31,000 +Implant Cost
Fixation of Orbital fracture (ORIF)	Fixation of Orbital fracture (ORIF) under LA/GA	New package	SM013A	14000+ Implant Cost

ALOS

- Open reduction and internal fixation of Maxilla/Mandible/Zygoma/ Fixation of Orbital fracture (ORIF): **1Day**
- Open reduction and fixation of plates /wire- under GA: **5-7Days**

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 **ORIF Maxilla/Mandible/Zygoma/Facio-Maxillary Injury & fixations/Orbital fracture**, 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 and radiologically

ORIF: It is surgical procedure performed to maintain the proper occlusion until the internal fixation of the fracture is achieved. Oral and maxillofacial fractures are common injuries among multiple trauma patients. Mid-face fractures are considered serious medical problems rather than all other maxillofacial injuries due to their complexity of management. An appropriate surgical treatment plan is essential to re construct the mid-face aperture esthetically and functionally. Favorable results are provided to interdisciplinary approaches and appropriate surgical treatments.

Causes:

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

Symptoms:



- Extreme Pain and Salivation.
- Swelling
- under LA/GA under inability to open and closed mouth

Examination:

- **Intraoral Examination:** Inspection, Palpation, Percussion, Auscultation
- **Extra Oral Examination:** Inspection 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: (One of the following documents is required)

- **X-ray** paranasal sinus (PNS) with Water's view or Submento vertex for fracture of Maxilla and zygoma or
- **X-Ray** mandible latera Oblique, PA for Mandible Fracture or OPG Xray.
- **CBCT (Cone beam computed Tomography)/CT** of Maxilla/Mandible/Zygoma (for any additional number of fractures in zygoma or Head and Neck –only on surgeon prescription.

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

- Displacement of condyle into the middle cranial fossa (with/without fracture).
- Pediatric Fracture.
- Lateral extracapsular displacement of condyle (with/without fracture).
- Impossibility of obtaining proper occlusion by Closed Technique.
- Adult Condylar fracture associated with comminuted fracture at and above the Le Fort 1 level.

Contraindications: No absolute contraindications.

Relative contraindications: - Fracture of Mandible /Maxilla and zygoma are contraindicated for patients with compromised pulmonary function with severe asthma or severe COPD, poorly controlled seizures, psychiatric and neurological disorders, severe nausea or eating disorder.

Complications:

- Bacterial Infection, either from the hardware or incision.
- Uncontrolled Bleeding, Allergic reaction to anesthesia, nerve or blood vessel damage, tendon/ligament damage



- Incomplete or abnormal bone healing, nonunion, malunion
- metal hardware moving out of place, hardware fracture/ failure
- Mobility
- muscle spasms or damage, arthritis, tendonitis.
- Audible popping and snapping.
- Chronic pain due to hardware(screws/wiring/implants)
- Scar, keloid

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	ORIF Maxilla/Mandible/Zygoma/Facio- Maxillary Injury & fixations/Orbital fracture
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) Procedure / Operative Notes, Post Procedure Photograph of affected part.	Yes
b. X-ray of Paranasal sinus (PNS) with Water's view/ mandible latera Oblique, antero- posterior for Mandible Fracture/ mandible lateral oblique, Submento vertex or CBCT/CT/OPG. (Xray in 2 planes).	Yes
ii. At the time of claim submission	
a. Indoor case papers (including Informed written consent)	Yes
b. Procedure note/ operative note & Anesthesia Notes	Yes
c. Barcode of Implants used	Yes
d. Post-operative X-Ray	Yes
e. Detailed Discharge summary	Yes
Optional document	ORIF Maxilla/Mandible/Zygoma/Facio-



	Maxillary Injury & fixations/Orbital fracture
i. At the time of Pre-authorization	
CBCT (Cone beam computed Tomography) of Maxilla/mandible/TMJ (for any additional number of fractures in zygoma & Head and neck – required on surgeon prescription. MLC/FIR for traumatic injuries and circumstances of the incident which led to fracture	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:

- a. Did the signs, symptoms, examination and detailed Oral maxillofacial clinical notes confirm the presence of Maxilla/Mandible/Zygoma/Facio-Maxillary Injury/Orbital fracture? Yes
- b. **X-Ray/OPG-Orthopantomography** confirm the presence of Maxilla/Mandible/Zygoma/Facio-Maxillary Injury/Orbital fracture? Yes

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

References:

- i. ORIF of mandibular fracture, IAO, March 2015
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4593909/>
- ii. Maxillofacial Fractures :From Diagnosis to Treatment, April 2018
<https://www.intechopen.com/books/trauma-surgery/maxillofacial-fractures-from-diagnosis-to-treatment>
- iii. Fracture Causes |Stanford Healthcare, May 2005,
<https://stanfordhealthcare.org/medical-conditions/bones-joints-and-muscles/fracture/causes.html>
- iv. Facial Fractures Symptoms & Causes <http://www.childrenshospital.org/conditions-and-treatments/conditions/f/facial-fractures/symptoms-and-causes>
- v. Indication Open Reduction & Closed Reduction treatment,
[https://www.ioms.org/article/S0278-2391\(04\)00479-3/fulltext](https://www.ioms.org/article/S0278-2391(04)00479-3/fulltext)



- vi. 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>
- vii. 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
- viii. Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-4th Edition