



Guidance document for processing PM-JAY packages

Ear Pinna Reconstruction with costal cartilage / Prosthesis

Procedures covered: 1

Specialty: Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants)	Ear Pinna Reconstruction with costal cartilage / Prosthesis (including the cost of prosthesis / implants)	S1000001	SP004A	30,000 + Price of Implant

ALOS: 5 Day (For each stage)

Minimum qualification of the treating doctor:

Essential: MCh/DNB - Plastic Surgery/ Reconstructive Surgery

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Ear Pinna Reconstruction with costal cartilage / Prosthesis**, 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.

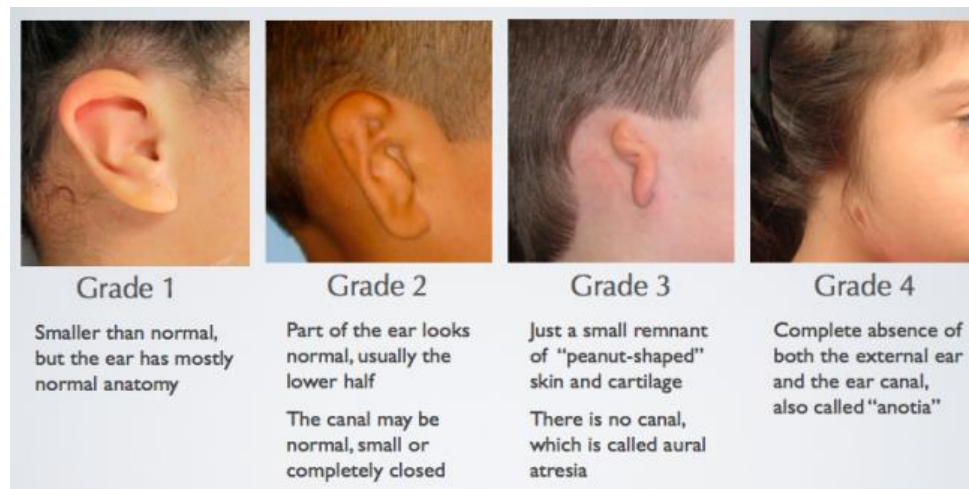
1.2 Clinical key pointers: Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

Ear Pinna Reconstruction with costal cartilage / Prosthesis: Craniofacial microsomia (CFM) is a term to describe a spectrum of malformations mainly affecting the anatomical regions that develops from first and second branchial arches during the 5th–6th weeks of gestation.

Microtia describes a congenitally small and malformed external ear. Absence of the ear canal (Aural atresia) is found with microtia in 75% of cases. It appears in a spectrum of multiple other syndromes or genetic causes/disorders such as Auriculo-condylar, Branchio-oculo-facial, Labyrinthine aplasia etc.

The malformation can concern size, orientation, shape, and position of the external ear that can degenerate towards the total absence of the ear auricle.

Indications: Ear reconstruction is indicated when a child with microtia has reached sufficient age, which may be between 3 and 6 years old.



** Melissa Tumblin*

Screening:

- The right side is more commonly affected, and boys have a 30% higher affected rate than girls.
- In case of unilateral microtia is present, an otolaryngologist and audiologist consultations,
- In case of bilateral atresia is present, diagnostic brainstem auditory-evoked responses should be performed.

Management:

- Despite the improvement of prosthetic and alloplastic approaches, the use of autologous costal cartilage grafts remains the standard clinical practice for ear reconstruction.
- The implant longevity as well as the high degree of integration are the main reasons why it is the standard clinical treatment.
- This procedure, named autologous ear reconstruction (AER), consists of harvesting costal cartilages from the patient and in carving them with a three-dimensional ear shape to implant beneath the skin in the auricular region.
- **Costal Cartilage Fabrication Methods:** reverse engineering (RE), computer-aided design (CAD), and additive manufacturing (AM).
- **Reference Ear and Tools Fabrication Methods:** The second aspect to be taken into account to create a trainer to help surgeons in performing the AER consists in the creation of a physical replica of the ear to be reconstructed.

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	Ear Pinna Reconstruction with costal cartilage / Prosthesis
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment, supporting documents if indication is non traumatic.	Yes
b. In case of injury then MLC/FIR report	Yes
c. Supporting reports and Clinical photograph.	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers and treatment information	Yes
b. Detailed procedure/operative notes	Yes
c. Intra operative clinical photograph (optional)	Yes
d. Clinical photograph of the affected ear	Yes
e. Invoice/Barcode of Prosthesis/ Implant used (if applicable)	Yes
f. 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	Ear Pinna Reconstruction with costal cartilage / Prosthesis
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Were the Clinical notes with planned line of treatment supporting documents if indication is non traumatic submitted?	Yes
b. Was the MLC/FIR report (incase its traumatic) submitted?	Yes
c. Supporting reports and Clinical photograph submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD)	
a. Was the detailed indoor case papers and treatment given submitted?	Yes
b. Are the detailed procedure/operative notes submitted?	

c. Was the Intra operative clinical photograph submitted? (optional)	Yes
d. Was the Clinical photograph of affected ear submitted?	Yes
e. Was the Invoice/barcode of Prosthesis/ Implant used submitted (if applicable)?	yes
f. Was the discharge summary report submitted?	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:

- I. Did the clinical notes and planned lined of treatment/clinical photograph justify the need for surgery? Yes
- II. Was the MLC/FIR report (in case of trauma) submitted? Yes

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

References:

1. Bly, Randall A., et al. "Microtia reconstruction." Facial Plastic Surgery Clinics 24.4 (2016): 577-591.
2. Mussi, Elisa, et al. "Ear reconstruction simulation: from handcrafting to 3D printing." Bioengineering 6.1 (2019): 14.
3. <https://emedicine.medscape.com/article/876737-overview#a11>