



Guidance document for processing PM-JAY packages

Carpal Tunnel Syndrome

Procedures covered/ procedure count: 3

Specialty: Neurosurgery, Orthopedics – Carpal tunnel release

Neurosurgery – Nerve decompression/Peripheral nerve surgery (minor)

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Carpal Tunnel Release	Carpal Tunnel Release	S800004	SN046A	10,000
Nerve Decompression	Nerve Decompression	S800075	SN047A	16,000
Peripheral Nerve Surgery	Minor	S800077	SN049A	15,000

ALOS (in Days): 3 days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent in Orthopedics; MCh/DNB/Equivalent in Neurosurgery

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Carpal Tunnel Release/Nerve decompression/Peripheral Nerve Surgery (Minor)** 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 any 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:

- Most common entrapment neuropathy of the upper extremity.
- Patient experience pain and paresthesias: in the distribution of the median nerve, which includes
 - The palmar aspect of the thumb,
 - Index and middle fingers, and
 - Radial half of the ring finger.
- Patients with typical symptoms of carpal tunnel syndrome do not need additional testing. But Ultrasonography and Nerve Conduction Velocity (NCV) Tests are useful to atypical cases and rule out other causes.
- **Surgery is usually only considered**
 - If symptoms return regularly and problems associated with the painful sensations increase despite trying non-surgical treatments such as splints or corticosteroid injections.
 - Acute carpal tunnel syndrome with sudden and severe pain, or the symptoms of carpal tunnel syndrome have lasted 6 months or longer with no relief.

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 documents	Carpal Tunnel Release	Nerve Decompression	Peripheral Nerve Surgery (Minor)
i. At the time of Pre-authorization			
Clinical notes confirming the diagnosis	Yes	Yes	Yes
Ultrasound imaging (USG) labelled with patient ID, date and side (Left/ Right) of affected limb	Yes	Yes	Yes
Nerve Conduction Velocity (NCV)	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed Indoor Case Papers (ICPs)	Yes	Yes	Yes
Intra-operative photograph (optional)	Yes	Yes	Yes
Detailed Procedure / Operative Notes	Yes	Yes	Yes
Detailed discharge summary	Yes	Yes	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. Clinical notes - detailed history especially accident history, signs & symptoms, indication for procedure, and planned line of treatment?
- b. Did clinical presentation and Nerve Conduction Velocity (NCV) report confirm the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was the imaging indicative of surgery?

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:

- I. Was the clinical evaluation and imaging indicative of surgery? Yes

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

References

1. **Carpal tunnel syndrome: When is surgery considered or needed?** November 5, 2014; Last Update: November 16, 2017; Next update: 2020.
2. Wipperman, Jennifer, and Kyle Goerl. "**Carpal tunnel syndrome: diagnosis and management.**" *American family physician* 94.12 (2016): 993-999.