

## Guidance document for processing PM-JAY packages

### Spine Decompression & Fusion, Spine deformity correction

**Procedures covered: 3**

**Specialty:** Neurosurgery, Orthopedics - Spine Decompression & Fusion  
Orthopedics - Spine deformity correction

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (in Days)
Spine Decompression & Fusion	Spine Decompression & Fusion	S800028	SN038A	40,000	6
Spine Decompression & Fusion	Spine Decompression & Fusion with fixation	S800029	SN038B	40,000 + Price of Implant	6
Spine deformity correction	Spine deformity correction	New package	SB054A	40,000 + Price of implant	7

#### Minimum qualification of the treating doctor:

**Desirable:** MS/DNB/Equivalent in Orthopedics; MCh/DNB/Equivalent in Neurosurgery

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

#### Disclaimer:

For monitoring and administering the claim management process of **Spine Decompression & Fusion, Spine deformity correction** 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: Spine - Decompression & Fusion** Decompression surgery is an increasingly common operation for the treatment of lumbar spinal stenosis.

- Degenerative lumbar spinal stenosis, due to hypertrophy of the ligamentum flavum and facet joints, is a narrowing of the lateral root canal of the spine.
- It may result in nerve root ischemia and neurogenic claudication.
- Typical symptoms of unilateral or bilateral leg pain and neurogenic claudication may only be brought on by ambulation and spinal posture and neurological deficits may be absent on clinical examination. It is a leading cause of disability and discomfort.

### **Efficacy of decompression**

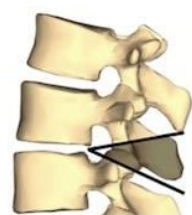
- Surgical decompression is an effective option in patients with moderate-to-severe symptoms

### **Spine deformity correction**

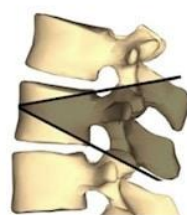
- Spinal deformity is defined as abnormality in alignment, formation, or curvature of one or more segments of the spine.
- The most common deformity in the pediatric population is adolescent idiopathic scoliosis, whereas in adults many patients present with de novo deformity secondary to degenerative disease.
- Surgical correction is considered for severe curvature that interferes with organ function, causes pain, and/or shows signs of continuing to progress.
- In general, surgical treatment is considered for kyphosis of 70 degrees or more and scoliosis of 45 degrees or more. Curves of these magnitudes may interfere with organ function and tend to continue to progress if not surgically corrected.

**The goals of surgical correction and stabilization are to:**

- reduce pain, restore ability to stand erect, relieve pressure on organs such as the heart and lungs, prevent deformity from progressing
- **Types of Deformity Correction:** The main correction and stabilization procedures are
  - Osteotomy, Pedicle subtraction osteotomy, Vertebral column resection, and Spinopelvic fixation.



**A: Posterior Column Osteotomy (PCO)**



**B: Pedicle Subtraction Osteotomy (PSO)**



**C: Vertebral Column Resection (VCR)**

### 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	Spine Decompression & Fusion	Spine Decompression & Fusion with fixation	Spine deformity correction
<b>i. At the time of Pre-authorization</b>			
a. Clinical notes confirming the diagnosis	Yes	Yes	Yes
b. MRI with patient ID, date and side (Left/ Right) of affected part justifying surgery	Yes	Yes	No
c. X-ray with film with patient ID, date and side (Left/ Right) of affected part	No	No	Yes
<b>ii. At the time of claim submission</b>			
a. Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
b. Detailed Procedure / operation notes	Yes	Yes	Yes
c. Post-operative X-ray with film showing implant labelled with patient ID, date and side (Left/ Right) of affected part	No	Yes	Yes
d. Post op X-ray with film showing fusion with patient ID, date and side (Left/ Right) of affected part	Yes	No	No
e. Invoice and barcode of implant	No	Yes	Yes
f. 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:**

Mandatory documents	Spine Decompression & Fusion	Spine Decompression & Fusion with fixation	Spine deformity correction
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<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>			
a. Clinical notes - detailed history, signs & symptoms, planned line of treatment, and indication for procedure?	Yes	Yes	Yes
b. MRI with patient ID, date and side (Left/ Right) of affected part submitted?	Yes	Yes	No
c. X-ray with film with patient ID, date and side (Left/ Right) of affected part submitted?	No	No	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>			
a. Are the detailed ICPs with daily vitals and treatment details?	Yes	Yes	Yes
b. Are the detailed procedure / Operative Notes available?	Yes	Yes	Yes
c. Post op X-ray with film showing implant labelled with patient ID, date and side (Left/ Right) of affected part submitted?	No	Yes	Yes
d. Post op X-ray with film showing fusion with patient ID, date and side (Left/ Right) of affected part submitted?	Yes	No	No
e. Invoice and barcode of implant submitted?	No	Yes	Yes
f. Is the Discharge summary with follow-up advise at the time of discharge?	Yes	Yes	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:**



I. Was clinical presentation and imaging indicative of surgery? Yes

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

#### References:

1. Anjarwalla, N K et al. "The outcome of spinal decompression surgery 5 years on." European spine journal : official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society vol. 16,11 (2007): 1842-7. doi:10.1007/s00586-007-0393-z
2. Costa, Francesco, et al. "Decompressive Surgery for Lumbar Spinal Stenosis: WFNS Spine Committee Recommendations." World Neurosurgery: X, Elsevier, 10 Mar. 2020, [www.sciencedirect.com/science/article/pii/S2590139720300077](http://www.sciencedirect.com/science/article/pii/S2590139720300077).
3. Ailon, Tamir, et al. "Surgical Considerations for Major Deformity Correction Spine Surgery." Best Practice & Research Clinical Anaesthesiology, Baillière Tindall, 26 Nov. 2015, [www.sciencedirect.com/science/article/pii/S1521689615001007?via=ihub](http://www.sciencedirect.com/science/article/pii/S1521689615001007?via=ihub).
4. Dru, Alexander B et al. "Cervical Spine Deformity Correction Techniques." Neurospine vol. 16,3 (2019): 470-482. doi:10.14245/ns.1938288.144