



## Guidance document for processing PM-JAY packages

### Atlanto-axial dislocation (AAD)

Procedure covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Transoral surgery (Anterior) and CV Junction (Posterior Stabilization)	Transoral surgery (Anterior) and CV Junction (Posterior Stabilization)	S800070	SN019A	55,000 + Implant cost

**ALOS:** 7 days

**Minimum qualification of the treating doctor:**

**Essential:** 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 **Transoral surgery (Anterior) and CV Junction (Posterior Stabilization)**, 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:**

- Atlantoaxial dislocation refers to a loss of stability between the atlas and axis (C1–C2), resulting in loss of normal articulation.
- The atlantoaxial joints can lose stable articulation from traumatic, inflammatory, idiopathic, or congenital abnormalities.
- The mechanism of injury typically remains unidentified with several theories proposed in the literature.
- Although it occurs in all age groups, atlantoaxial dislocation is most often seen in adolescents.

- The atlantoaxial dislocation can be a mobile and reducible type or a “fixed” or irreducible type. The dislocation can also be partially reducible.

### Common clinical presentation:

- Pyramidal sign (weakness & spasticity)
- Stigmata of craniovertebral junction
- Restricted neck movements
- Torticollis
- Other preoperative clinical presentations include sphincter disturbances, lower cranial nerve dysfunction, and respiratory distress.
- Other serious sequelae include myelopathy, respiratory failure, vertebral artery dissection, neurologic compromise, and rarely quadriplegia or death if left untreated

### Classification and Management

#### Wang classification system of atlantoaxial dislocations

Type	Description	Diagnosis	Incidence (%)	Treatment
I	Instability	Reducible in dynamic X-rays	52.2	Posterior fusion procedure
II	Reducible	Reducible with skeletal traction under general anesthesia	17.7	Posterior fusion procedure
III	Irreducible	Irreducible with skeletal traction under general anesthesia	29.6	Transorally released anteriorly before posterior fusion
IV	Bony dislocations	Dislocations with bony anomalies that are visualized by reconstructive computed tomography scan	0.4	Transoral odontoidectomy

Yang SY, Boniello AJ, Poorman CE, Chang AL, Wang S, Passias PG. A review of the diagnosis and treatment of atlantoaxial dislocations. *Global Spine J.* 2014;4(3):197-210. doi:10.1055/s-0034-1376371

### 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	Transoral surgery (Anterior) and CV Junction (CVJ) (Posterior Sterilization)
<b>i. At the time of Pre-authorization</b>	
Clinical notes including indication of implant requirement, evaluation findings confirming the diagnosis	Yes
CT + MRI CVJ (Craniovertebral junction) + cervical spine - X ray	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Post op CT-CVJ (Craniovertebral junction) report	Yes
Detailed Procedure / operative notes	Yes
Implant details (barcode/invoice)	Yes
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:**

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

- Clinical notes - detailed history, signs & symptoms, evaluation findings, indication for procedure/implant, and planned line of treatment?
- Did clinical presentation and imaging confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?



- c. Was the imaging indicative of surgery?
- d. Implant invoice/barcode submitted?
- e. Was post-op CT CVJ submitted?
- f. Is the Discharge summary with follow-up advise at the time of discharge?

### **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. Was there any evidence of Oral Malignancy? No
- II. Was there any evidence of active naso-oral bleeding? No

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

#### **References**

1. Clinical protocol guidelines. Mahatma Jyotiba Phule Jan Arogya yojana. Maharashtra <https://www.jeevandayee.gov.in/MJPJAY/RGJAYDocuments/NEUROSURGERY.pdf>
2. Yang SY, Boniello AJ, Poorman CE, Chang AL, Wang S, Passias PG. A review of the diagnosis and treatment of atlantoaxial dislocations. *Global Spine J.* 2014;4(3):197-210. doi:10.1055/s-0034-1376371