



Guidance document for processing PM-JAY packages

Excision of Cervical rib

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Excision of Cervical Ribs	Excision of Cervical Ribs	S800005, S800006	SN031A	20,000

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (in Neurosurgery), Plastic Surgeon, MS/Equivalent (in Orthopedic Surgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Excision of Cervical rib**, 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:

A cervical rib, also known as a "neck rib" or "supernumerary rib in the cervical region," is a congenital overdevelopment of the transverse process of a cervical spine vertebra. They are commonly attached to the seventh cervical vertebra. They vary in size, shape, attachment sites, and can occur unilaterally or bilaterally.

The cervical rib typically consists of a head, neck, and tubercle. It is attached posteriorly to the first rib by a fibrous band near in the insertion of the anterior scalene muscle. Cervical ribs must

articulate with the transverse process to be considered a rib. Unilateral cervical ribs are more common and found more frequently on the left side than the right side.

There are four types of cervical ribs:

- Type 1: Complete rib that articulates with the first rib or manubrium
- Type 2: Incomplete rib with a free distal tip
- Type 3: Incomplete rib with a distal fibrous band attachment
- Type 4: Short piece of bone extending beyond the C7 transverse process

Clinical presentation

- Most cervical ribs go unnoticed throughout life and are clinically irrelevant. However, in some cases, they can cause localized pain and compress surrounding structures, leading to necessary intervention.
- After nerve compression, the next most common manifestation of a symptomatic cervical rib is compression of the subclavian artery. Compressing the subclavian artery may lead to diminished distal pulse, prolongation of capillary refill, discoloration and decreased temperature of the distal upper extremity, and in severe cases, gangrenous changes at the fingertips.
- The presence of a cervical rib may also cause neurological manifestations.

Management

Surgical consideration

When conservative treatment fails, one may need to remove the cervical rib and excise the scalene muscles.

- The mainstay of therapy is complete resection of the rib; the surgical approach is what varies.
 - Supraclavicular and transaxillary approaches with or without a first rib excision or scalenectomy
 - A posterior approach may also be an option for specific indications
- The supraclavicular approach is primarily the preferred approach for arterial compression.
- The transaxillary approach is the most common approach used but is reserved for subclavian/axillary venous occlusion or neurological compression.

- The posterior approach is the choice during re-operation for decompression of the brachial plexus and vascular structures.

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	Excision of Cervical Rib
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photograph	Yes
Cervical X-ray CT/MRI Chest and Cervical Spine	Yes
Optional Adson test	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Cervical/Chest X-ray	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, indication for procedure, and planned line of treatment?
- Did the Cervical X-ray/CT/MRI Chest and Cervical Spine 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 Chest/Cervical X-ray post-surgery report submitted?

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 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. Fliegel BE, Menezes RG. Anatomy, Thorax, Cervical Rib. [Updated 2020 Jan 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK541001/>