



## Guidance document for processing PM-JAY packages

### Vertebroplasty

Procedures covered: 1

Specialty: Interventional Neuroradiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Vertebroplasty	Vertebroplasty	S900015	IN010A	40,000

**ALOS:** 3 Days

**Minimum qualification of the treating doctor:**

**Essential:** DM/Equivalent (in Interventional Neuroradiology), MCh/DNB/Equivalent (in Neurosurgery), MS/Equivalent in Orthopedics,

**Special empanelment criteria/linkage to empanelment module:** Care at District/Tertiary Hospital (centers equipped with capability to perform Interventional neuroradiology)

#### Disclaimer:

For monitoring and administering the claim management process of **Vertebroplasty**, 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:

Vertebroplasty is injection of bone cement into a diseased vertebra, Percutaneously, under image guidance. This is done to provide pain relief and to strengthen the diseased vertebra.

#### Indications:

It is indicated under the following conditions for near immediate pain relief / where prolonged bed rest is contraindicated / pain relief is inadequate with analgesics:

1. Painful osteoporotic collapse vertebra
2. Painful metastatic collapse vertebra
3. Painful Hemangioma of vertebra
4. Post traumatic painful partial collapse in a non-osteoporotic vertebra without retropulsion causing cord compression

### Clinical Presentation

- Back ache with local tenderness on the spinous process of the vertebra
- Neurodeficits

### Diagnostic Criteria

- Vertebral tenderness
- Radiograph Spine – shows partial collapse of vertebral body that is tender
- MRI – shows marrow edema in the vertebral body
- Radiograph and MRI – Not suggestive of infective etiology
- Bone biopsy to be done along with vertebroplasty if MRI suggests metastatic possibility

### Investigations

- Radiograph of Spine – AP and Lateral views
- MRI Spine
- Blood - Hemoglobin, Total leukocyte count (TLC), Differential Leukocyte count (DLC)
- Blood – Platelets count
- Blood – INR (international normalised ratio)
- Blood Creatinine

### Management

- Vertebroplasty

### 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	Vertebroplasty
<b>i. At the time of Pre-authorization</b>	
Clinical notes including clinical evaluation and confirming the diagnosis	Yes
X-ray Spine (AP and lateral view)	Yes

MRI Spine	Yes
<b>Investigations (optional)</b> Complete blood count, INR/PT, Serum creatinine	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
In case of accident/trauma – FIR (if applicable)	Yes
Documentary evidence/Invoice of cement used as applicable	Yes
Histopathological examination (if applicable)	Yes
Detailed discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **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:**

- Was clinical presentation, investigations and imaging indicative of surgery?  
Yes
- Was FIR done in case of accidental/traumatic injuries? Yes/Not applicable
- Did the patient have evidence of one or more of the below mentioned? (No)
  - Breach in the posterior cortex of the vertebral body
  - Epidural extension
  - Vertebra plana
  - Uncorrectable coagulopathy

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

### **References**

- Standard Treatment Guidelines Interventional Radiology. Ministry of Health & Family Welfare Govt. of India
- Standard Treatment Guidelines Interventional Radiology. Health & Family Welfare Department. Government of Maharashtra