



Guidance Document for processing PM-JAY packages

Craniotomy and evacuation of hematoma (subdural) with fixation of fracture of long bone

Procedures covered: 2

Specialty: Polytrauma, Orthopedics, Neurosurgery, General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Craniotomy and evacuation of Haematoma with fixation of fracture of long bone	Subdural hematoma along with fixation of fracture of single long bone	S60006	ST003A	60,000
Craniotomy and evacuation of Haematoma with fixation of fracture of long bone	Subdural hematoma along with fixation of fracture of 2 or more long bone.	S60007	ST003C	75,000

ALOS: 10 days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (General Surgery); MS/DNB/Equivalent (Orthopedic surgery); MCh/DNB/Equivalent (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Functional Operational Theatre

Disclaimer:

For monitoring and administering the claim management process of **Craniotomy and evacuation of hematoma (subdural) with fixation of fracture of long bone**, 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 document 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:

Acute subdural hematomas (aSDH) account for 50%–60% of all subdural hematomas. In the majority of cases, they are related with a traumatic event.

Clinical presentation, neurologic condition, and imaging findings are the key components in establishing a treatment plan for acute SDH. Location and size of the SDH and presence of midline shift can rapidly be determined by computed tomography of the head. Immediate laboratory work-up must include Prothrombin time (PT), Partial thromboplastin time (PTT), International normalized ratio (INR), and platelet count. Presence of a coagulopathy or bleeding diathesis requires immediate reversal and treatment with the appropriate agent(s), in order to lessen the risk of hematoma expansion.

Management

Imaging studies such as a computed tomogram (CT) scan comprise the mainstay of diagnosis. Immediate neurosurgical evaluation is sought in order to determine whether the SDH warrants surgical evacuation due to presence of mass effect or elevated intracranial pressure. Generally, evacuation of an acute SDH is recommended if the clot thickness exceeds 10 mm or the midline shift is greater than 5 mm, regardless of the neurologic condition. In patients with an acute SDH with clot thickness <10 mm and midline shift <5 mm, specific considerations of neurologic findings and clinical circumstances will be of importance. For an acute SDH, evacuation by craniotomy or craniectomy is preferred over burr holes.

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	Subdural hematoma along with fixation of fracture of single long bone	Subdural hematoma along with fixation of fracture of 2 or more long bone
i. At the time of Pre-authorization		
a. Clinical Notes detailing the injury and need for surgery	Yes	Yes
b. Medico legal case report/ FIR copy of accident	Yes	Yes
c. X-ray/ CT report of fractured limb	Yes	Yes
d. CT/ MRI Brain film and report	Yes	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers	Yes	Yes

b. Detailed Procedure/ Operative notes	Yes	Yes
c. Post op X-ray film and report of skull	Yes	Yes
d. Detailed discharge summary	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 document	Subdural hematoma along with fixation of fracture of single long bone	Subdural hematoma along with fixation of fracture of 2 or more long bone
i. At the time of Pre-authorization		
a. Clinical notes – details of accident, signs & symptoms, indication for surgery, and planned line of treatment?	Yes	Yes
b. Was the Medico legal report/ FIR copy of the accident submitted?	Yes	Yes
c. Did X-ray/ CT report suggest fracture of one long bone?	Yes	No
d. Did X-ray/ CT report suggest fracture of more than one long bone?	No	Yes
e. Was CT/ MRI brain report suggestive of subdural hematoma?	Yes	Yes
ii. At the time of claim submission		
a. Were the indoor case papers submitted?	Yes	Yes
b. Are the detailed Procedure/ Operation notes submitted?	Yes	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes	Yes

d. Did the post op X-ray film of the skull demonstrate craniotomy?	Yes	Yes
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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:

1. Was CT/ MRI brain report suggestive of subdural hematoma? Yes
2. Did X-ray/ CT report suggest fracture of one or more long bone? Yes

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

References

1. Gerard C, Busl KM. Treatment of acute subdural hematoma. *Curr Treat Options Neurol.* 2014;16(1):275
2. Lavrador JP, Teixeira JC, Oliveira E, Simão D, Santos MM, Simas N. Acute Subdural Hematoma Evacuation: Predictive Factors of Outcome. *Asian J Neurosurg.* 2018;13(3):565-571. doi:10.4103/ajns.AJNS_51_16