

Guidance Document for processing PM-JAY packages

Shunt Surgery

Procedures covered: 4

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Shunt Surgery	Ventriculo - peritoneal	S800025	SN022A	30,000
Shunt Surgery	Ventriculo - pleural	New Package	SN022B	30,000
Shunt Surgery	Ventriculo - atrial	S800025	SN022C	30,000
Shunt Surgery	Theco - peritoneal	S800025	SN022D	30,000

ALOS: 7 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (Neurosurgery)

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

Disclaimer:

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

Most shunts are placed to treat the hydrocephalus. Disorders that typically requiring shunting include the following:

- Congenital hydrocephalus after aqueductal stenosis is a genetic disorder which can cause deformations of the nervous system and is associated with mental retardation, abducted thumbs, and spastic paraplegia

- Tumors leading to CSF blockage of the lateral ventricles, third ventricle, and those in the posterior fossa blocking the cerebral aqueduct or fourth ventricle
- Communicating hydrocephalus secondary to meningitis or subarachnoid hemorrhage
- Myelomeningocele causes the development of hydrocephalus because the flow of CSF is altered due to hindbrain malformation
- Craniosynostosis occurs when the sutures of the skull close too early with sutures fusing before the brain stops growing and in rare occasions can cause hydrocephalus
- Dandy-Walker syndrome presents with a cystic deformity of the fourth ventricle, hypoplasia of the cerebellar vermis, and an enlarged posterior fossa
- Arachnoid cysts are a defect caused when CSF forms a collection that is trapped in the arachnoid membranes resulting in a block of the normal flow of CSF resulting in hydrocephalus
- Idiopathic intracranial hypertension is a rare neurological disorder affecting approximately 1 in 100,000 people, usually women of childbearing age, causing a rise in intracranial pressure which can result in permanent loss of vision
- Normal-pressure hydrocephalus caused a classic triad of memory problems/dementia, gait dysfunction, and urinary incontinence.

A variety of modalities exists for the management of hydrocephalus. Extracranial shunts are routinely used to divert cerebrospinal fluid (CSF) into the extravascular compartment for the palliation of symptoms from hydrocephalus. Ventriculo-peritoneal (VPS) and ventriculo-atrial (VAS) shunts are the most widely used methods for this indication. Ventriculo-pleural shunt (VPLS) has also been used as an alternative to the peritoneal and atrial shunts.

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	Ventriculo - peritoneal Shunt Surgery	Ventriculo - pleural Shunt Surgery	Ventriculo - atrial Shunt Surgery	Theco - peritoneal Shunt Surgery
i. At the time of Pre-authorization				
a. Clinical Notes including evaluation findings and planned line of treatment	Yes	Yes	Yes	Yes
b. CT/ MRI report of brain	Yes	Yes	Yes	Yes

ii. At the time of claim submission				
a. Detailed Indoor Case Papers (ICPs)	Yes	Yes	Yes	Yes
b. Post Procedure clinical photograph/ Scar photograph	Optional	Optional	Optional	Optional
c. Detailed Procedure/ Operative notes	Yes	Yes	Yes	Yes
d. Detailed discharge summary	Yes	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 document	Ventriculo - peritoneal Shunt Surgery	Ventriculo - pleural Shunt Surgery	Ventriculo - atrial Shunt Surgery	Theco - peritoneal Shunt Surgery
i. At the time of Pre-authorization				
a. Clinical notes - detailed history, signs & symptoms, indication for procedure and planned line of treatment	Yes	Yes	Yes	Yes
b. Was CT/MRI brain report of patient submitted?	Yes	Yes	Yes	Yes
ii. At the time of claim submission				
a. Were the detailed indoor case papers submitted?	Yes	Yes	Yes	Yes
b. Was post procedure clinical photograph / scar photograph submitted?	Optional	Optional	Optional	Optional
c. Are the detailed Procedure/ Operation notes submitted?	Yes	Yes	Yes	Yes

d. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes	Yes	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:

- I. Was CT/ MRI brain report of patient submitted? Yes

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

References

1. Küpeli E, Yilmaz C, Akçay S. Pleural effusion following ventriculopleural shunt: Case reports and review of the literature. *Ann Thorac Med*. 2010;5(3):166-170.
2. Fowler JB, De Jesus O, Mesfin FB. Ventriculoperitoneal Shunt. [Updated 2020 Jun 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-