



Guidance Document for processing PM-JAY packages

Craniostenosis

Procedure count: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Craniostenosis	Craniostenosis	S800009	SN004A	28,000	7 days

Minimum qualification of the treating doctor:

Essential: Mch/DNB/equivalent (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Functional OT

Disclaimer:

For monitoring and administering the claim management process of Craniostenosis, 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 the ICMR poster and 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:

Craniostenosis or Craniosynostosis is a premature pathologic fusion of one or more cranial vault sutures that leads to abnormal shape of the skull. The fused sutures lead to restricted growth in some areas and compensatory bossing in other areas. The head may assume different shapes depending upon the site and timing of the abnormally fused suture. The exact cause of this suture pathology is still unknown, but the local dura, cranial base and the fibroblast growth factors seem to influence this.

Diagnosis

The diagnosis rests on clinical examination and confirmation is generally on the computed tomography scan. Physical examination is very important in the diagnosis of craniosynostosis. The normal head has an egg shape, being widest in the parietal area posterior to the ears with a narrower, gently rounded forehead. The shape of the skull is altered depending upon the suture (s) that get prematurely fused. The skull will assume a shape that is characteristic of the suture involved

Indications

The need for surgery is both for cosmetic and functional reasons. The misshaped skull can lead to body image problems later in life. In some cases, there can be raised ICP. This is likely to happen in about 40% cases when multiple sutures are involved as in syndromic cases. The aim of treatment is to restore normal appearance of the skull and increase the cranial volume so that the growing brain can be accommodated without any pressure effects on vital structures. Moreover, an uncorrected continued calvarial deformity can lead to abnormalities in the cranial base. The consensus is to operate around 9-12 months of age. The surgical risk is much less as the child is in a better position to withstand surgery at this age as compared with in the first few months after birth. The infant skull bones are still quite pliable at this age and can be moulded into the appropriate shape rather easily. The small bony defects that invariably result from various cranioplasties and advancements get ossified easily at this age.

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	Craniostenosis
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indication of procedure and planned line of management	Yes
b. CT/ MRI report of skull establishing need for surgery	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post Procedure X-ray with report of skull	Yes
c. Post Procedure clinical photograph/scar photo	Optional
d. Detailed Procedure/ Operation notes	Yes
e. 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):

- a. Clinical notes - detailed history, signs & symptoms, planned line of management, indication for procedure, and advice for admission?
- b. Was CTA/MRI skull report of patient submitted?

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. Post-operative photographs submitted (optional)?
- d. Was the post procedure X-ray report of skull submitted?
- e. Is the Discharge summary with follow-up advice 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 CT/ MRI skull report of patient indicative of surgery? Yes

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

References

1. Sharma RK. Craniosynostosis. *Indian J Plast Surg.* 2013;46(1):18-27.