

Guidance document for processing PM-JAY packages

Radiofrequency (R.F.) Lesioning

Procedures covered: 4

Specialty: Neurosurgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
R. F. Lesioning	For Sacrolitis	New Package	SN059A	5,000
R. F. Lesioning	For Spine spondolosis	New Package	SN059B	5,000
R. F. Lesioning	For Tendinitis	New Package	SN059C	5,000
R. F. Lesioning	For Degeneration of joints on arthritis	New Package	SN059D	5,000

ALOS (In days): 3 Days

Minimum qualification of the treating doctor:

Essential: Mch/DNB/Equivalent in Neurosurgery.

Special empanelment criteria/linkage to empanelment module: Tertiary care facilities with fluoroscopy facilities.

Disclaimer:

For monitoring and administering the claim management process of **Radiofrequency (R.F.) Lesioning** 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:

- **Sacroilitis:** Sacroiliitis is an inflammation of one or both of the sacroiliac joints that connect the sacrum to the ilium, the large pelvic bone. Causes for sacroiliac joint



dysfunction include Traumatic injury, Osteoarthritis, Ankylosing spondylitis, Pregnancy and Infection.

- **Spondylosis:** It is a form of arthritis—spinal osteoarthritis caused due to the general degeneration of the spine that can occur in joints, discs, and bones of the spine as age advances.
- **Tendinitis (or tendonitis):** It is an inflammation or irritation of a tendon that attach muscle to bone. Tendinitis most often is caused by repetitive, minor impact on the affected area, or from a sudden, more serious injury. The condition causes pain and tenderness just outside a joint. While **tendinitis** can occur in any of the tendons, it's most common around your shoulders, elbows, wrists, knees and heels.
- **Degeneration of joints on arthritis:** Osteoarthritis sometimes referred to as degenerative arthritis or degenerative joint disease is a condition that causes cartilage between bones to deteriorate due to wear and tear on a joint over a lifetime. It is most often found in the hands, knees, hips and spine. Predisposing risk factors include repetitive motion, infection, rheumatoid arthritis, post-joint trauma, muscular dystrophy, osteoporosis, hormone disorders, obesity, sickle cell disease, and bone disorders.
- **Radiofrequency lesioning (ablation)** is a pain management treatment that disrupts nerve signals on a long-term basis. It is a minimally invasive target specific and safe procedure that uses radiofrequency energy electrical impulses to destroy damaged nerves or tissues that send pain signals to the brain. By disrupting the communication between the nerve and the brain, the patient's pain is reduced.
- **Indications:** Radiofrequency lesioning can be used to treat chronic pain conditions such as Facet joint nerves, Sacroiliac joint nerves, Peripheral nerves, Spinal arthritis & stenosis, Sprains & strains and Chronic back pain.
- Radiofrequency lesioning is typically recommended for patients who have not found relief from other interventional pain treatments such as physical therapy or nerve blocks

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	Radiofrequency (R.F.) Lesioning
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Investigation reports such as Blood tests/X-rays.	Yes
c. Relevant investigations MRI/CT/bone scans/Ultrasonography/Diagnostic Nerve Block Test. (Optional)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Intra procedure still photographs	Yes
d. Barcode of RF probe	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:

Mandatory document	Radiofrequency (R.F.) Lesioning
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Were the investigation reports such as Blood tests/X rays- submitted	Yes
c. Were the relevant investigations such as MRI/CT/bone scans/Ultrasonography/Diagnostic Nerve Block Test submitted and indicative of the procedure? (Optional)	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are Detailed Indoor case papers (ICPs) submitted?	Yes

b. Are the detailed Procedure / Operative notes submitted?	Yes
c. Are the Intra procedure still photographs submitted?	Yes
d. Is the barcode of the RF probe submitted?	Yes
e. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

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 patient indicative of clinical history and investigation reports (Blood tests/X-rays/MRI/CT/bone scans/Ultrasound) indicative for the procedure? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually. (2)

References:

1. Buchanan BK, Varacallo M. Sacroiliitis. [Updated 2020 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK448141/>
2. Middleton, K., & Fish, D. E. (2009). Lumbar spondylosis: clinical presentation and treatment approaches. Current reviews in musculoskeletal medicine, 2(2), 94–104. <https://doi.org/10.1007/s12178-009-9051-x>
3. Leggett, L. E., Soril, L. J., Lorenzetti, D. L., Noseworthy, T., Steadman, R., Tiwana, S., & Clement, F. (2014). Radiofrequency ablation for chronic low back pain: a systematic review of randomized controlled trials. Pain research & management, 19(5), e146–e153. <https://doi.org/10.1155/2014/834369>.
4. Kim JS, Nahm FS, Choi EJ, Lee PB, Lee GY. Pulsed Radiofrequency Lesioning of the Axillary and Suprascapular Nerve in Calcific Tendinitis. Korean J Pain. 2012 Jan;25(1):60–4.