



## Guidance document for processing PM-JAY packages

### Re-exploration for Cranial/Spinal surgeries

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Re-exploration for Cranial/Spinal surgeries	Re-exploration for Cranial/Spinal surgeries	New Package	SN062A	25,000

**ALOS (In days):** 7 days

**Minimum qualification of the treating doctor:**

**Essential:** Mch/DNB/Equivalent in Neurosurgery.

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

#### Disclaimer:

For monitoring and administering the claim management process of **Re-exploration for Cranial/Spinal surgeries** 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:**

Re-exploration/Revision surgery is a surgery performed in certain patients to correct the problems of earlier surgery.

### Causes for re-exploration following Cranial Surgeries

- Compromised distal blood flow
- Hemorrhagic venous infarction
- Brain retraction injury
- Newly identified aneurysms
- Bleeding from an incompletely clipped aneurysm
- Epidural hematoma
- Failed aneurysm clipping
- Symptoms of Hemiparesis or hemiplegia and Consciousness deterioration after the initial surgery.

### Causes for re-exploration following Spinal Surgeries

- Recurrent symptoms of pain.
- Scar tissue formation around the incision
- Unsuccessful surgery
- Disc Prolapses
- Post-surgical complications like Blood clots, Dural tear, Leakage of cerebrospinal fluid etc.

### 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	Re-exploration for Cranial/Spinal surgeries
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with history of previous cranial or spinal surgery and persisting symptoms & signs and reason for reexploration	Yes
b. Relevant investigations such as CT/MRI	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor Case Papers	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Clinical Photograph	Yes
d. 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	Re-exploration for Cranial/Spinal surgeries
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Are the detailed clinical notes submitted?	Yes
b. Are the relevant investigations such as CT/MRI submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Are the Detailed Indoor Case papers submitted?	Yes
b. Are detailed Procedure / Operative Notes submitted?	Yes
c. Is the Clinical Photograph submitted?	Yes
d. Is the detailed discharge summary 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:**

- Whether any documentation/evidence of previous cranial or spinal surgery of the patient submitted that warrants re-exploration? Yes

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

### **References:**

- Park W, Ahn JS, Park JC, Kwon DH, Kwun BD, Kim CJ. Re-exploration of the craniotomy after surgical treatment of unruptured intracranial aneurysms. Acta Neurochir (Wien). 2014 May;156(5):869-77. doi: 10.1007/s00701-014-2059-z. Epub 2014 Mar 30. PMID: 24682633.
- Shiraishi T, Crock HV. Re-exploration of the lumbar spine following simple discectomy: a review of 23 cases. Eur Spine J. 1995;4(2):84-7. doi: 10.1007/BF00278917. PMID: 7600155