

## Guidance document for processing PM-JAY packages

### Chronic Sub Dural Hematoma

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Chronic Sub Dural Hematoma	Sub Dural Hematoma - Craniotomy	New Package	SN056A	80,000

ALOS (In days): 5 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 **Sub Dural Hematoma - Craniotomy** 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:**

**Chronic subdural hematoma (cSDH)** is a chronic ( $\geq 3$  weeks) intracranial bleeding between the dura mater (which adheres to the skull), and the arachnoid mater (which envelops the brain). The underlying cause of cSDH is usually traumatic tearing of the bridging veins which connect the brain surface with the dura mater.

#### **Symptoms**

- The most common complaint is headache. Other symptoms include lethargy, memory impairment, dizziness, confusion, weakness, nausea, vomiting, impaired vision, and seizures.

- Patients with large hematomas may develop varying degrees of paralysis and coma.
- A chronic subdural hematoma may mimic several other brain disease and disorders, including dementia, stroke, temporary disruption of blood supply to a portion of the brain (transient ischemic attacks), encephalitis and brain lesions such as tumors or abscesses.

**Craniotomy** is a neurosurgical procedure in which a section of the skull is temporarily removed so the surgeon can access and remove the hematoma.

### 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	Sub Dural Hematoma - Craniotomy
<b>i. At the time of Pre-authorization</b>	
a. Detailed clinical notes.	Yes
b. Relevant Investigations such as CT/MRI.	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed procedure/operative notes	Yes
c. Post procedure imaging with film (CT/MRI)	Yes
d. Post procedure clinical photograph showing evidence of surgery	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	Sub Dural Hematoma - Craniotomy
<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 reports of the relevant Investigations (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 (ICPs) submitted?	Yes
b. Are the detailed procedure/operative notes submitted?	Yes
c. Was the post procedure imaging with film (CT/MRI) submitted?	Yes
d. Was the post procedure clinical photograph showing evidence of surgery submitted?	Yes
e. 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:**

I. Was the patient's CT/MRI report indicative of the procedure? Yes

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

#### **References:**

1. Soleman J, Taussky P, Fandino J, Muroi C. Evidence-Based Treatment of Chronic Subdural Hematoma. Trauma Brain Inj.2014 Feb 19  
Available from: [https://www.intechopen.com/books/traumatic-brain\\_injury/evidence-based-treatment-of-chronic-subdural-hematoma](https://www.intechopen.com/books/traumatic-brain_injury/evidence-based-treatment-of-chronic-subdural-hematoma)
2. Fernández-de Thomas RJ, De Jesus O. Craniotomy. [Updated 2021 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560922/>