



Guidelines for AB-PM JAY Package Decompressive Craniectomy

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 2022 code	Package price (INR)
Decompressive Craniectomy	Craniectomy/DECRA for Head injury/Acute Stroke/Cerebral Venous thrombosis	SN066A	Rs.75000

ALOS: 14 days

Minimum qualification of the treating doctor:

Essential: MCH/DNB/ (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Tertiary Hospital with well-equipped OT & ICU.

Disclaimer:

For monitoring and administering the claim management process of 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:

Decompressive craniectomy is a neurosurgical procedure in which part of the skull is removed to allow a swelling brain room to expand without being squeezed. It is performed on victims **of traumatic brain injury, stroke, Chiari Malformation**, and other conditions associated with raised **intracranial pressure**.

Indication of Decompressive Craniectomy:

1. Traumatic Brain Injury.
2. Acute Stroke.
3. Cerebellar Infarction
4. Cerebral Venous thrombosis.

Symptoms:

- Loss of consciousness from several minutes to hours. Persistent headache or headache that worsens. Repeated vomiting or nausea. Convulsions or seizures. Dilation of one or both pupils of the eyes. Clear fluids draining from the nose or ears. Inability to awaken from sleep. Weakness or numbness in fingers and toes. Loss of coordination. Confusion, slur words or have difficulty understanding speech. Numbness, weakness or paralysis in the face, arm, or leg.

Diagnostic:

- Thorough history and physical examination.
- Clinical Signs or symptoms.
- Imaging Modalities – A variety of imaging modalities like DSA, CT/MRI, are used.

1.3Mandatory 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	Decompressive Craniectomy
i. At the time of Pre-authorization	
a. Clinical notes including history, vitals, physical examination findings with planned line of treatment	Yes
b. DSA Report	Yes
c. CT/MRI report	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers	Yes
b. Detailed Procedure / Operative notes	Yes
C. Post-Op scar photo	Yes
d. Detailed discharge summary	Yes
E. Copy of MLC/FIR (Optional)	Yes



PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

2.1 :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.

2.2 :Below mentioned are the scenarios where a provision would be built in TMS for pop- ups:

Was the patient DSA/ CT/MRI report suggestive Decompressive Craniectomy ?

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

References:1. Cushing H. I. Sub temporal Decompressive Operations for the Intracranial Complications Associated with Bursting Fractures of the Skull. Ann Surg. 1908;47:641–4.1.

2. Scarcella G. Encephalomalacia simulating the clinical and radiological aspects of brain tumor; a report of 6 cases. J Neurosurg.1956;13:278–292

Hutchinson P, Timofeev I, Kirkpatrick P. Surgery for brain edema. Neurosurgery Focus.2007