



Guidance document for processing PM-JAY packages
Ventricular Tapping with Omayya Reservoir/External
Ventricular Drainage (EVD)

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 2.2 code	HBP 2022 code	Package price (INR)	ALOS
Ventricular tap	Ventricular tapping with Omayya Reservoir/External Ventricular drain		SN065A	20000	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 **Ventricular tapping with Omayya Reservoir/External Ventricular drain** 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:

Ommaya reservoir (Ventricular tapping) is a ventricular access device for the purpose of repetitive access to the intrathecal space. This device is named after its inventor, a Pakistani neurosurgeon Ayub Khan Ommaya in 1963. Though initially conceived for delivery of antifungal medications into the cerebrospinal fluid (CSF), this device is commonly used today for chemotherapeutic central nervous system (CNS) delivery and CSF sampling. The Ommaya reservoir has replaced repeated intrathecal injections (via lumbar or suboccipital puncture) in the administration of antineoplastic drug delivery. This device permits repeated administration



of chemotherapeutic drugs without doing a lumbar puncture, allows CSF sampling for the dose titration, and provides consistent intrathecal drug concentrations.

Indications:

- Administration of intrathecal (IT) chemotherapeutic agents for intracranial neoplasms as well as haematological conditions with CNS involvement such as in acute lymphoblastic leukaemia
- Administration of IT antibiotics for chronic relapsing meningitis and multi-drug resistant central nervous system infections.
- Chronic drainage of CSF for infants with intraventricular haemorrhage
- Chronic aspiration of fluid from tumour cysts not amenable to treatment such as craniopharyngiomas
- Administration of opioid pain medications
- Aspiration of residual subdural hematoma or effusion
- Administration of IT drugs such as Nusinersen for spinal muscular atrophy and rituximab for progressive multiple sclerosis (phase 1b study)

External Ventricular Drains (EVDs) are a temporary system and often emergency or urgent procedure which allow drainage of cerebrospinal fluid (CSF) from the lateral ventricles of the brain in patients with neurological injury or deterioration from progressive hydrocephalus is imminent.



Indications:

- Therapeutic (To relieve raised ICP)
- Hydrocephalus (communicating and non-communicating)
- Surgical Mass lesions
- Infections (pyogenic and tuberculous)
- Chiari Malformations
- Subarachnoid hemorrhage resulting in acute hydrocephalus
- Shunt failure due to mechanical disruption or infection
- Brain relaxation in the OT, etc.
- Intracranial Pressure monitoring

Contraindications

- Concurrent use of anticoagulant drugs
- Bleeding disorders
- Scalp infection
- Brain abscess

Common clinical presentation

- Vomiting
- Altered sensorium
- Drowsiness
- Seizure
- Generalized tonic clonic convulsions
- Headache



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	External Ventricular Drainage (EVD)	Ventricular Puncture
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
Clinical Evaluation	Yes	Yes
DSA/CT/MRI brain	Yes	Yes
Cerebrospinal Fluid (CSF) Analysis	Yes	Yes
Coagulation Profile	Yes	Yes
Planned line of treatment	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes
Post-operative photographs (optional)	Yes	Yes
DSA/CT brain (Preop & Post op)	Yes	Yes
Histopathology examination	Yes	Yes
Detailed discharge summary	Yes	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 including history, symptoms, signs, vitals, examination findings, planned line of treatment and advice for admission?
- b. Did the patient present with vomiting, altered sensorium, drowsiness, seizure, generalized tonic-clonic convulsions, headache?
- c. Was indication for procedure/surgery documented?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Are the detailed ICPs with daily vitals and line of treatment?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was DSA/CT brain pre- and post-surgery report submitted?

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:

- a. Was clinical presentation and imaging indicative of surgery?
- b. Was the patient on/presented with/evidence of?
 - On anticoagulation therapy?
 - Scalp infection?
 - Brain Abscess?

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

References

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5. Ommaya AK. Subcutaneous reservoir and pump for sterile access to ventricular cerebrospinal fluid. *Lancet*. 1963 Nov 09;2(7315):983-4. [[PubMed](#)]
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