

Guidance document for processing PM-JAY packages

Burr hole Surgery

Procedures covered: 2

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Burr hole surgery	Burr hole	S800003	SN008A	7,000
Burr hole surgery	Burr hole surgery with chronic Sub Dural Hematoma	S800012	SN008B	20,000

ALOS: 2-4 Days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent in (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Burr hole Surgery**, 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:

BURR HOLE

A burr hole drainage may be used to treat conditions caused by a buildup of fluid around the brain:

- Subdural or Epidural hematoma
- Glasgow coma scale score <8
- Hydrocephalus



- Brain tumor

Burr holes as part of emergency procedures resulting from traumatic injuries:

- Relieve pressure on brain
- Drain blood from the brain after a traumatic injury
- Remove shrapnel or other objects lodged in the skull

Or a burr hole may be employed to assist in the treatment of conditions:

- To implant a deep brain stimulation device
- To introduce an endoscope—small medical scope—to assist in tumor evacuation or aneurysm treatment
- To obtain a tissue sample for a biopsy

Burr hole surgery side effects

As with any surgery, burr hole surgery carries a risk of side effects. They include:

- bleeding more than a normal amount
- blood clots
- complications from anesthesia
- risk of infection

There are also risks specific to a burr hole procedure. Surgeries that involve the brain can have lasting side effects. Risks include:

- seizure during procedure
- brain swelling
- coma
- bleeding from the brain

CHRONIC SUBDURAL HEMATOMA

A subdural hematoma (SDH) is a collection of blood between the dural and arachnoid coverings of the brain. Chronic subdural hematomas may take weeks to months to appear. These are more commonly seen in the elderly population where brain shrinkage stretches the blood vessels “bridging” between the skull and brain, making them more vulnerable. Brain shrinkage also creates more space within the skull, making the effects of blood accumulation slower to appear. Chronic subdural hematomas are sometimes hard to diagnose because their symptoms can resemble so many different conditions.

Clinical presentation

Up to 80% of people with chronic SDH have a milder headache. They may also have any of the following symptoms, alone or in combination:

- Behavior and personality changes
- Confusion
- Speech changes
- Limb weakness, numbness, or tingling
- Apathy, lethargy, or drowsiness
- Double vision
- Balance changes and difficulty walking
- Memory loss

Management (Surgical)

- Frontotemporoparietal craniotomy
- Burr hole trephination with irrigation
- Twist-drill craniotomy with drain replacement
- Subdural evacuating port system
- Recurrent subdural hematoma – subdural-peritoneal shunt

Surgery indication:

- Subdural hematoma of > 10 mm or a midline shift >5 mm with any Glasgow Coma Scale (GCS)
- GCS <9 that has dropped ≥ 2 points between injury and emergency department, with a subdural hematoma of <10 mm and midline shift <5mm
- GCS <9, with a subdural hematoma of <10mm and midline shift <5mm, and fixed or asymmetrical pupils
- GCS <9, with a subdural hematoma of <10mm and midline shift <5mm, and ICP >20 mmHg

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	Burr Hole Surgery
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Evaluation	Yes
CT Scan/MRI brain	Yes

Optional Complete Blood Count C-reactive protein X ray - skull	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
CT Brain	Yes
Detailed Procedure / operative notes	Yes
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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure?
- Did imaging confirm the diagnosis?
- Was Glasgow coma scale documented?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was the imaging indicative of surgery?

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 Glasgow coma scale and imaging indicative of surgery? Yes

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

References

1. Clinical protocol guidelines. Mahatma Jyotiba Phule Jan Arogya yojana. Maharashtra <https://www.jeevandayee.gov.in/MJPJAY/RGJAYDocuments/NEUROSURGERY.pdf>
2. BMJ Best practice. Subdural Hematoma. Last updated – March 2020
3. <http://www.med.umich.edu/1libr/neurosurgery/SDH.pdf>
4. <https://www.healthline.com/health/burr-hole#side-effects>