



Guidance document for processing PM-JAY packages

Basilar invagination

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Trans oral Surgery	Trans oral Surgery	S800071	SN018A	40,000

ALOS: 5 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 **Trans oral 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:

Basilar invagination is an abnormality at the craniovertebral junction (CVJ), either congenital or degenerative, resulting in the odontoid prolapsing into the already limited space of the foramen magnum.

While frequently seen in rheumatoid arthritis, it more commonly presents in a myriad of congenital conditions (i.e., Chiari malformation, syringomyelia, Klippel-Feil syndrome, and hydrocephalus).

Clinical presentation:

- It can range from chronic headaches, limited neck motion, and acute neurologic deterioration.
- Patients generally become symptomatic when the displaced vertebral segment causes sufficient pressure on the upper spinal cord or lower portion of the brainstem.
- The most common symptoms include headache, dizziness, swallowing problems, numbness/tingling in the extremities, and paralysis.
- Symptoms can become worse with flexion of the head, which even further drapes the spinal cord over the upper portion of C2.

Treatment:

- Patients with minimal symptoms can be treated with non-operative modalities such as physical therapy, non-steroidal anti-inflammatory medication, or a cervical collar.
- Surgical treatment is reserved for patients with symptoms refractory to non-operative management, neurological deficit, or severe spinal cord compression.
- Surgery usually involves the removal of bone that is causing the compression and stabilization using spinal instrumentation.

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	Trans oral Surgery
i. At the time of Pre-authorization	
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes
Clinical Evaluation	Yes
CT/ MRI CVJ/ cervical spine - X ray	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Preop and post op CT-CVJ	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):

- a. Clinical notes - detailed history, signs & symptoms, indication for procedure, and planned line of treatment?
- b. Did clinical presentation (neurodeficit) and imaging confirm the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. 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 there any evidence of Oral Malignancy? No
- b. Was pre and post-op CT CVJ submitted? 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. <https://www.ncbi.nlm.nih.gov/books/NBK448153/>
3. <https://www.uclahealth.org/neurosurgery/basilar-invagination>