

Guidance document for processing PM-JAY packages

Cranial Nerve Anastomosis

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Cranial Nerve Anastomosis	Cranial Nerve Anastomosis	S800046	SN048A	8,000

ALOS: 3-5 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 **Cranial Nerve Anastomosis**, 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:

Indications:

- Facial nerve palsy (VII nerve palsy/ injury)
- Trigeminal Neuralgia (V nerve palsy/ injury)
- Oculomotor Nerve palsy (III nerve injury)

Facial nerve palsy (VII nerve palsy/ injury)



The facial nerve is a fundamental structure both for communication and emotion, and as such, functional impairment can lead to a significant deterioration in the quality of life.

A key element in the initial assessment of a patient presenting with facial weakness is distinguishing between a lower motor neuron (LMN) versus an upper motor neuron (UMN) palsy, as the likely causes and, therefore, treatment for these vary significantly. Applying anatomy to clinical history and examination, a clinician can identify the probable cause of facial nerve palsy and subsequently direct management appropriately.

Etiology

- Idiopathic/Bell Palsy (70%)
 - It usually presents as a lower motor neuron lesion with total unilateral palsy.
- Trauma (10 to 23%)
- Infection
- Neoplasia
- Facial Nerve Palsy in Children (can be classified as congenital or acquired)
- Bilateral Facial Nerve Palsy

Clinical evaluation

Testing facial movements will help distinguish between an upper (the forehead will be spared) and lower (entire facial movements are compromised) motor neuronal lesion. The degree of facial nerve paralysis is evaluated using the House-Brackman grading system.

Surgical treatment of facial palsy (extracranial facial nerve anastomosis)

- If the facial nerve is known to be interrupted (e.g. transected during removal of vestibular schwannoma) then early surgical treatment is indicated.
- When the status of the nerve is unknown or if in continuity but not functioning, then several months of observation and electrical testing should be allowed for spontaneous recovery. Very late attempts at anastomosis have less chance for recovery due to facial muscle atrophy.
- For cases with focal injury to the facial nerve (e.g. trauma, injury during surgery for CPA tumor...), dynamic reconstruction by nerve anastomoses are usually considered superior to static methods.

Hypoglossal-facial nerve (XII-VII) anastomosis

- Hypoglossal-facial nerve (XII-VII) anastomosis is a surgical procedure that has long been used to restore movement to the facial muscles in cases of paralysis of the seventh cranial nerve.
- Cannot be used bilaterally in patients with facial diplegia or in those with other lower cranial nerve deficits (or potential for same).

Complications

- Tongue atrophy with difficulty speaking, mastication and swallowing, exacerbated when the facial muscles do not function on that side
- Aspiration may occur if vagus (Cr. N. X) dysfunction coexists with loss of XII)

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	Cranial nerve anastomosis
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical evaluation	Yes
EMG (Electromyography)	Yes
Nerve conduction study	Yes
Optional CT/MRI Viral Serology Electroneurography (ENOG)	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Intra-operative photographs (Optional)	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 especially accident history, signs & symptoms, planned line of treatment, indication for procedure?
- b. Was clinical evaluation and imaging suggestive of diagnosis?

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 laser procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?

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 evaluation and imaging indicative of procedure/surgery? Yes

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

References

1. Walker NR, Mistry RK, Mazzoni T. Facial Nerve Palsy. [Updated 2020 Jul 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK549815/>
2. Mark S. Greenberg. Handbook of Neurosurgery. Eight Edition. 2016. Thieme.