

Guidance document for processing PM-JAY packages

Skull Traction

Procedures covered: 1			Specialty: Neurosurgery	
Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Skull traction	Skull traction	S800026	SN027A	8,000

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent in Neurosurgery, MS/DNB/Equivalent in Orthopedic Surgery

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

Disclaimer:

For monitoring and administering the claim management process of **Skull traction**, 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:

Skull traction can be used to restore sagittal plane alignment in patients with subaxial cervical spine injuries both in the initial stage of the management before arthrodesis as an adjunct to surgery or as the definitive treatment. Cervical spine realignment provides for indirect decompression of the spinal cord.

Indications:

- Cervical spine injuries
- Skeletal traction to the skull can be used to reduce cervical facet dislocations

Contraindications to the application of skull traction in cervical spine injuries will include:

- Distractive injuries
- Associated skull fracture
- Local sepsis
- Stable fractures, especially without neurological signs when only collar or other forms of bracing may suffice

Types

Many devices are currently used for skeletal skull traction, each with its advantages as well as risks. Some of the devices use pins, whereas others have tongs, wires, or hooks.

Choice of device: a number of cranial “tongs” are available. Crutchfield tongs require predrilling holes in the skull. Gardner-Wells tongs are the most common tongs in use. If, after the acute stabilization, the later use of halo-vest immobilization is anticipated, a halo ring may be used for the initial cervical traction, and then converted to vest traction at the appropriate time (e.g. post-fusion).

Complications of Cervical Traction

- Bleeding - temporal artery
- Pressure sore on skull - avoid downwards vector to rope
- Sepsis - from skin to subdural abscess
- Worsening neurological status
- Squint from 6th cranial nerve fallout

Note: Following skull traction surgery is required for cervical spine injury.

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	Skull traction
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical evaluation	Yes
Cervical X-ray/CT/MRI	Yes
Planned line of treatment	Yes

ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Post-procedure photograph (optional)	Yes
Lateral C-spine X-rays within 6 hours after application of traction	Yes
In case of accident was FIR done (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):

- Clinical notes - detailed history especially accident history, signs & symptoms, planned line of treatment, indication for procedure?
- Was clinical evaluation and imaging suggestive of diagnosis?

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

- Are the detailed ICPs with daily vitals and line of treatment?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was the Cervical X-ray/CT/MRI report indicative of surgery?
- Was post-operative photograph submitted (optional)?

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:

- Was clinical evaluation and imaging indicative of procedure/surgery? Yes



- b. Was there any history of accident documented? If Yes/Not applicable, then was FIR done? Yes

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

References

1. H. Richard Winn. Youmans & Winn. Neurological Surgery. Seventh Edition. Elsevier
2. Uche E O, Nwankwo O E, Okorie E, Muobike A. Skull traction for cervical spinal injury in Enugu: A 5-year retrospective multicenter analysis of the clinical outcomes of patients treated with two common devices. Niger J Clin Pract 2016;19:580-4
3. <http://www0.sun.ac.za/ortho/webct-ortho/general/trac/trac-3.html>