



Guidance document for processing PM-JAY packages

Twist Drill Craniostomy

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Twist Drill Craniostomy	Twist Drill Craniostomy	S800051	SN003A	15,000

ALOS: 2 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 **Twist Drill Craniostomy**, 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:

A subdural hematoma is a collection of blood between the dural and arachnoid coverings of the brain. Acute subdural hematomas usually appear within 72 hours of a traumatic event. Chronic subdural hematomas may take weeks to months to appear.

Indication:

- Acute or chronic subdural hematoma
- Drain of chronic subdural hematoma

Clinical presentation

- Gradually increasing headache
- Fluctuating level of consciousness
- Irritability
- Dizziness
- Disorientation
- Vomiting
- Slurred speech
- Ataxia

Management (Surgery)

- Twist drill craniotomy
- Subdural tapping
- Intracranial Pressure monitoring
- External ventricular drain

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	Twist Drill Craniostomy
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 Brain	Yes
Optional Prothrombin Time (PT)/INR, Partial thromboplastin time (PTT), and platelet count	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
CT Brain	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):

- 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 there 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 CT Brain done post-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:

- Was clinical presentation and imaging indicative of surgery? Yes
- Was there an evidence of coagulopathy? No

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

References

- Clinical protocol guidelines. Mahatma Jyotiba Phule Jan Arogya yojana. Maharashtra <https://www.jeevandayee.gov.in/MJPJAY/RGJAYDocuments/NEUROSURGERY.pdf>



2. <http://www.med.umich.edu/1libr/neurosurgery/SDH.pdf>