



Guidance document for processing PM-JAY packages

Brain Abscess

Procedures covered: 2

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Excision of Brain Abscess	Excision of Brain Abscess	S800059	SN010A	36,000
Abscess Tapping	Abscess Tapping	S800057, S800058	SN011A	20,000

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 **Excision of Brain Abscess/Abscess tapping**, 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:

Focal intracranial infection initiated as an area of cerebritis and evolves into a collection of pus surrounded by a vascularized capsule.

Pathogenesis:

- a) Contiguous spread
- b) Hematogenous
- c) Trauma



1. Contiguous
 - Middle ear
 - Mastoid
 - PNS
2. Hematogenous
 - Lung abscess
 - Skin Osteomyelitis
 - Pelvic infections
 - Cyanotic Heart Disease
3. Trauma
 - Dural breach and Foreign body entering into the cranial cavity

Etiological:

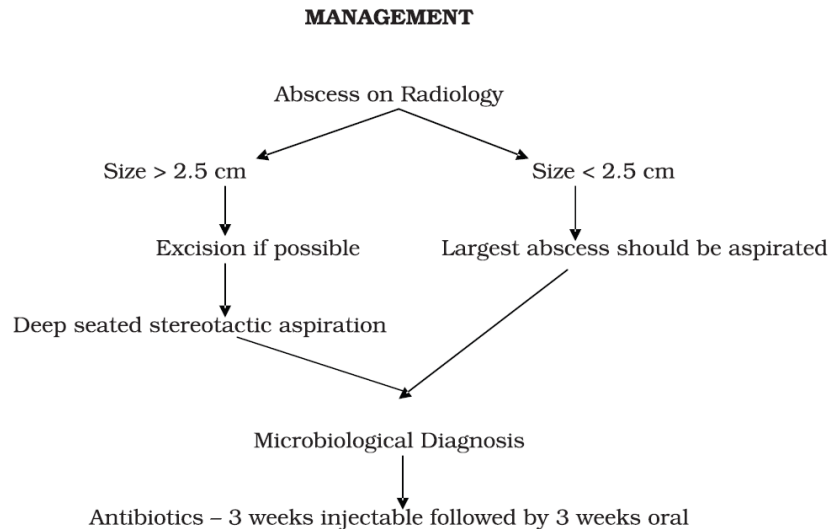
- (a) Bacterial / pyogenic
- (b) Fungal
- (c) Tubercular

Stages of infection:

Early cerebritis:	1-3 days
Late cerebritis:	4-9 days
Early capsular Formation:	10 - 13 days
Late capsule Formation:	14 days and later

Clinical presentation:

- Headache
- Fever
- Focal Neurological Deficits
- Altered mental status sensorium
- Seizures
- Nausea / vomiting
- Nuchal rigidity
- Papilledema



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	Excision of Brain Abscess	Abscess tapping
i. At the time of Pre-authorization		
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes	Yes
Clinical Evaluation	Yes	Yes
CECT/MRI brain	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes
CT brain (Preop & Post op)	Yes	Yes
Histopathology examination	Yes	Yes
Detailed discharge summary	Yes	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 including history, symptoms, signs, vitals, examination findings, planned line of treatment and advice for admission?
- b. Did the patient present with headache/giddiness/convulsion/severe vomiting/heaviness of head/ fever?
- c. Did CECT/MRI Brain 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 line of treatment?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Histopathology examination report submitted?
- e. Was CT brain pre and post-surgery report submitted?

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 presentation 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. Standard Treatment Guidelines. Neuro-Surgery. Department of Health and Family Welfare. Government of Karnataka. Suvarna Arogya Suraksha Trust.