



Guidance document for processing PM-JAY packages

Lumbar discectomy

Procedures covered: 2

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lumbar Discectomy	Lumbar Discectomy	S800018	SN033A	30,000
Micro discectomy	Lumbar	S800023	SN036B	40,000

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent in (Neurosurgery), MS/Equivalent (in Orthopedics)

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

Disclaimer:

For monitoring and administering the claim management process of **Lumbar Discectomy / Micro discectomy (Lumbar)**, 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

Patients with radiographic evidence of lumbar disc herniation can present with no symptoms, axial pain, radiculopathy, or Cauda equina syndrome. Of these, the most presentation is unilateral radiculopathy secondary to a lumbar disc herniation.

Recommendations for lumbar Discectomy vary based on the clinical presentation rather than the radiographic appearance.

Lumbar Discectomy can be performed using a variety of techniques including but not limited to:

- i) Open Discectomy
- ii) Microscope assisted Discectomy
- iii) Less invasive tube assisted Discectomy

Indications:

1. Cauda equina syndrome associated with a lumbar disc herniation, defined as any combination of saddle (perineal) anesthesia, new onset loss of bowel and/or bladder control (incontinence or retention), or new onset lower extremity neurological deficits not explained by a more proximal lesion.
2. Lumbar disc herniation with radiculopathy
 - a. Pattern of radiculopathy explained by imaging
 - b. 12 weeks of nonoperative treatment
 - c. The following can mitigate the need for initial nonoperative trial
 - Severity of symptoms cause forced bed rest
 - Severity of symptoms prevent the patient from working
 - Herniation results in functionally limiting motor weakness (e.g: foot drop)
3. Recurrent lumbar disc herniation with radiculopathy
 - a. Pattern of radiculopathy explained by imaging
 - b. 6-12 weeks of non-operative treatment
 - c. The following can mitigate the need for initial non-operative trial
 - Severity of symptoms cause forced bed rest
 - Severity of symptoms prevent the patient from working
 - Herniation results in functionally limiting motor weakness (e.g. foot drop).
4. Infection involving the disc space in EIHER of the following cases
 - a. In order to perform an open disc biopsy and culture when an organism has not been identified by other less invasive means (e.g. blood cultures, percutaneous needle biopsy)
 - b. In order to perform a disc space/spinal canal debridement if ANY of the following is present:
 - Lack of clinical response to an appropriate course of antibiotics
 - Epidural abscess with associated neurological deficits
 - Signs of systemic sepsis associated with the disc space infection

Contraindications

Discectomy is NOT indicated in cases that do not fall within the above parameters:

- Isolated axial pain in the presence of a disc herniation
- Predominant low back pain associated with disc degeneration with or without annular tears in the absence of a disc herniation

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	Lumbar Discectomy / Micro discectomy (Lumbar)
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Evaluation	Yes
MRI Lumbar spine	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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

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



References

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