



## Guidance Document for processing PM-JAY packages

### Craniotomy and evacuation of hematoma (extradural) with fixation of fracture of long bone

Procedures covered: 2

Specialty: Polytrauma, Orthopedics, Neurosurgery, General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Craniotomy and evacuation of hematoma with fixation of fracture of long bone	Extradural hematoma along with fixation of fracture of single long bone	S60006	ST003B	60,000
Craniotomy and evacuation of hematoma with fixation of fracture of long bone	Extradural hematoma along with fixation of fracture of 2 or more long bone	S60007	ST003D	75,000

**ALOS:** 10 days

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/Equivalent (General Surgery); MS/DNB/Equivalent (Orthopedic surgery); MCh/DNB/Equivalent (Neurosurgery)

**Special empanelment criteria/linkage to empanelment module:** Functional Operational Theatre

**Disclaimer:**

For monitoring and administering the claim management process of **Craniotomy and evacuation of hematoma (extradural) with fixation of fracture of long bone**, 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 document 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:**

An epidural hematoma (EDH) is an extra-axial collection of blood within the potential space between the outer layer of the dura mater and the inner table of the skull. It is confined by the lateral sutures (especially the coronal sutures) where the dura inserts. It is a life-threatening condition, which may require immediate intervention and can be associated with significant morbidity and mortality if left untreated.

### Clinical Features

The typical presentation is an initial loss of consciousness following trauma, a complete transient recovery (“often termed as a lucid interval”), culminating in a rapid progression of neurological deterioration. This occurs in 14% to 21% of patients with an EDH. However, these patients may be unconscious from the beginning or may regain consciousness after a brief coma or may have no loss of consciousness. Therefore, the presentations range from a temporary loss of consciousness to a coma. Beware that the lucid interval is not pathognomonic for an EDH and may occur in patients who sustain other expanding mass lesions. The classic lucid interval occurs in pure EDHs that are very large and demonstrate a CT scan finding of active bleeding. The presentation of symptoms depends on how quickly the EDH is developing within the cranial vault. A patient with a small EDH may be asymptomatic, but this is rare.

### Management

Imaging studies such as a computed tomogram (CT) scan comprise the mainstay of diagnosis.

EDH is a neurosurgical emergency. It, therefore, requires urgent surgical evacuation to prevent irreversible neurological injury and death secondary to hematoma expansion and herniation.

Surgical intervention is recommended in patients with:

- Acute EDH
- Hematoma volume greater than 30 ml regardless of Glasgow coma scale score (GCS)
- GCS less than 9 with pupillary abnormalities like anisocoria

### 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	Extradural hematoma along with fixation of fracture of single long bone	Extradural hematoma along with fixation of fracture of 2 or more long bone
i. At the time of Pre-authorization		

a. Clinical notes detailing the injury and need for surgery	Yes	Yes
b. Medico legal case report/ FIR copy of accident	Yes	Yes
c. X-ray/ CT report of fractured limb	Yes	Yes
d. CT/ MRI Brain film and report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers	Yes	Yes
b. Detailed Procedure/ Operative notes	Yes	Yes
c. Post op X-ray film and report of skull	Yes	Yes
d. 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:**

<b>Mandatory document</b>	<b>Extradural hematoma along with fixation of fracture of single long bone</b>	<b>Extradural hematoma along with fixation of fracture of 2 or more long bone</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes – details of accident, signs & symptoms, indication for surgery, and planned line of treatment?	Yes	Yes
b. Was the Medico legal report/ FIR copy of the accident submitted?	Yes	Yes
c. Did X-ray/ CT report suggest fracture of one long bone?	Yes	No

d. Did X-ray/ CT report suggest fracture of more than one long bone?	No	Yes
e. Was CT/ MRI brain report suggestive of extradural hematoma?	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Were the indoor case papers submitted?	Yes	Yes
b. Are the detailed Procedure/ Operation notes submitted?	Yes	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes	Yes
d. Did the post op X-ray film of the skull demonstrate craniotomy?	Yes	Yes

### **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:**

1. Was CT/ MRI brain report suggestive of extradural hematoma?
2. Did X-ray/ CT report suggest fracture of one or more long bone?

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

### **References**

1. Khairat A, Waseem M. Epidural Hematoma. [Updated 2020 Jul 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-