

Guidance document for processing PM-JAY packages

Intradural Spinal Tumors

Procedure covered: 2

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Spine - Intradural Tumor	Spine - Intradural Tumor	S800034	SN042A	40,000
Spine - Intradural Tumor	Spine - Intradural Tumor with fixation	S800035	SN042B	40,000 + Implant cost

ALOS: 7 days

Minimum qualification of the treating doctor:

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

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

Disclaimer:

For monitoring and administering the claim management process of **Spine - Intradural Tumor**, 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:

Intradural extramedullary spinal cord tumors (IESCT) constitute approximately two thirds of spine tumors. The most commonly encountered types of IESCT are schwannomas and meningiomas, with myxopapillary ependymomas encountered less frequently.

Clinical Features

- Pain followed by progressive neurological deficits

- Upper cervical and foramen magnum tumors-suboccipital pain, Distal hand weakness with atrophy of hand muscles; Rarely raised ICP and hydrocephalus
- Thoracic lesions-Long tract signs with corticospinal involvement-Lower limb weakness and spasticity; sensory ataxia; Late bowel and bladder involvement
- Filum ependymoma-Low back pain, Asymmetrical radicular pain to both lower limb, Pain on recumbency

Investigations

- Part of surgical fitness work up: part of surgical fitness work up: CBC, LFT, RFT, BT, CT, PT, INR, Serum Electrolytes, HIV, HBsAG, HCV etc
- Radiological investigation
 - X-ray
 - CT scan
 - MRI scan with contrast
 - CT/MRI myelography

Treatment

- Aim is total excision of tumor
- Intraoperative nerve monitoring is useful
- Aggressive filum terminale ependymoma may require postoperative radiotherapy
- Multiple levels can be decompressed, and multilevel segmental fixation can be performed if necessary

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	Spine - Intradural Tumor	Spine - Intradural Tumor with fixation
i. At the time of Pre-authorization		
Clinical notes including evaluation findings	Yes	Yes
CT/ MRI Spine	Yes	Yes
Optional	Yes	Yes

Chest X-ray		
CT/MRI myelography		
Bone scan		
Indication of implant requirement	No	Yes
Planned line of treatment	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
Post-op CT Spine	Yes	Yes
Implant details (barcode/invoice)	No	Yes
Histopathological/Biopsy report	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):

- Clinical notes - detailed history, signs & symptoms, evaluation findings, indication for procedure, and planned line of treatment?
- Did history, physical examination, and radiological investigations confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details provided?
- Are the detailed procedure / Operative Notes available?
- Was the imaging indicative of surgery?
- Was post-op CT Spine report submitted?
- Invoice/Barcode of implant details if applicable
- Is the Discharge summary with follow-up advise at the time of discharge 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:

- I. Was clinical presentation and radiological investigations 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. Neurosurgery. Department of Health and Family Welfare. Government of Karnataka. Suvarna Arogya Suraksha Trust.
2. William C Welch, David Schiff, Peter C Gerszten. Spinal cord tumors - UpToDate. Last updated - September 2020.