

Guidance Document for processing PM-JAY packages

Cranioplasty

Procedures covered: 2

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Cranioplasty	Cranioplasty with Endogenous graft	S800007	SN002A	20,000	7 days
Cranioplasty	Cranioplasty with Exogenous graft	S800008	SN002B	20,000 + implant cost	7 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (Neurosurgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Cranioplasty**, 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:

Cranioplasty, the repair of a skull vault defect by insertion of an object (bone or nonbiological materials such as metal or plastic plates), is a well-known procedure in modern neurosurgery. Brain protection and cosmetic aspects are the major indications of cranioplasty. Moreover, the incidence of epilepsy is shown to be decreased after cranioplasty. The repair of cranial defects gives relief to psychological drawbacks and increases social performance. It is important not only

for cosmetic and protection of underlying brain but also for restoring the dynamics of a closed cavity, which are disturbed when in the absence of overlying bone the atmospheric pressure is allowed to exert an influence.

Cranioplasty can avoid the recurrence of brain damage, can achieve the plastic effect, can protect the patient from cerebral seizures, can relieve the syndrome of trephine (i.e., headaches, dizziness, intolerance of vibration and noise, irritability, fatigability, loss of motivation and concentration, depression, and anxiety), increase the brain blood flow, improve the brain energy metabolism and promote the resumption of brain tissue, and treat the encephalocele skull defects with neurological cognition and mental syndrome.

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	Cranioplasty with Endogenous graft	Cranioplasty with Exogenous graft
i. At the time of Pre-authorization		
a. Clinical Notes including evaluation findings, indication of procedure, and planned line of treatment	Yes	Yes
b. CT/ MRI report of skull	Yes	Yes
c. Indication of implant requirement	--	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Post Procedure X-ray with report of skull	Yes	Yes
c. Post Procedure clinical photograph/scar photo (optional)	Yes	Yes
d. Detailed Procedure/ Operative notes	Yes	Yes
e. Invoice/Barcode details of implant	No	Yes
f. Detailed discharge summary	Yes	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:

- I. Was CT/ MRI skull report of patient submitted? Yes

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

References

1. Andrabi SM, Sarmast AH, Kirmani AR, Bhat AR. Cranioplasty: Indications, procedures, and outcome - An institutional experience. *Surg Neurol Int.* 2017;8:91. Published 2017 May 26. doi:10.4103/sni.sni_45_17
2. Donald JP. Cranial defect & cranioplasty. *Clin Neurosurg.* 1996;275:2783–95
3. Moin H, Mohagheghzadeh P, Darbansheikh A. The use of frozen autogenous bone flap for cranioplasty. *JRMS.* 2005;10:395–7