

Guidance document for processing PM-JAY packages

lateral & Advanced lateral skull base surgery (for benign conditions)

Procedures covered: 7

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in Days)
Lateral skull base procedures	Subtotal petrosectomy	New Package	SL031A	24,700 + Price of tissue glue	6
Lateral skull base procedures	Post-traumatic facial nerve decompression	New Package	SL031B	24,700 + Price of tissue glue	6
Lateral skull base procedures	CSF Otorrhoea repair	New Package	SL031C	24,700 + Price of tissue glue	6
Advanced lateral skull base surgery	Fisch approach	New Package	SL032A	39,900+ Price of tissue glue	7
Advanced lateral skull base surgery	Translabyrinthine approach	New Package	SL032B	39,900+ Price of tissue glue	7
Advanced lateral skull base surgery	Transcochlear approach	New Package	SL032C	39,900+ Price of tissue glue	7
Advanced lateral skull base surgery	Temporal Bone resection	S100230	SL032D	39,900+ Price of tissue glue	7

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ or equivalent (in ENT); MCh/DNB/Equivalent (in Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Tertiary care facility

Disclaimer:

For monitoring and administering the claim management process of **lateral & Advanced lateral skull base surgery**, 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 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:

Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

Lateral & Advanced lateral skull base surgery: Lateral skull base surgical approaches include a wide range of procedures designed to access pathologies in the temporal bone, infratemporal fossa, the clivus, and in the middle and posterior cranial fossae.

- **Subtotal petrosectomy:** It is the extenteration of the pathology and all the air cells of the temporal bone, including the middle ear and mastoid air cells with the aim of a dry and safe ear. This procedure is accompanied by blind sac closure of the external auditory canal along with cavity obliteration with muscle. Subtotal petrosectomy is performed for persistent chronic otitis media (despite previous mastoidectomy and where hearing reconstruction is not possible), CSF otorrhoea, middle ear tumours and for skull base osteomyelitis not responding to medical management.
- **Post-traumatic facial nerve decompression:** Transmastoid facial nerve decompression is performed for complete facial paralysis following temporal bone fracture where the nerve is injured in its course anywhere between the first genu to mastoid segment.
- **CSF Otorrhoea repair:** Transmastoid or transcanal approach is considered for spontaneous/ post-traumatic/ post-surgical CSF otorrhoea depending on the site and size of the leak.
- **Fisch approach:** Various types of transtemporal approaches described by Ugo Fisch are considered for tumours in the infratemporal fossa, nasopharynx, orbital apex, sphenoid sinus, pituitary gland, parasellar area, clivus etc.
- **The translabyrinthine and transcochlear approaches** are transmastoid surgeries for access to petrous apex, petrous ICA and cerebropontine angle and commonly for pathologies like temporal bone cholesteatoma or tumours.

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	Skull base surgery
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure	Yes
b. CT/MRI/ biopsy to establish the indication and justify the surgery	Yes
c. Audiogram report justifying surgery (if applicable)	Yes
ii. At the time of claim submission	

a. Detailed Indoor case papers with daily vitals and line of treatment	Yes
b. Detailed Procedure / operative note	Yes
c. Histopathology report	Yes
d. Post procedure clinical photograph of the affected part	Yes
e. Detailed Discharge summary	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:

Mandatory document	Skull base surgery
iii. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Were the Clinical notes, detailing signs, symptoms, examination findings, planned line of treatment & advise for admission submitted?	Yes
b. Was the CT/MRI/ biopsy to establish the indication and justify the surgery submitted?	Yes
c. Was the Audiogram report justifying surgery submitted? (If applicable)	Yes
IV. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers with daily vitals and line of treatment?	Yes
b. Was Detailed Procedure / Operative Notes submitted?	Yes
c. Was the histopathology report submitted?	Yes
d. Was the Post procedure clinical photograph of the affected part submitted?	Yes
e. Was the Detailed discharge summary submitted?	Yes

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

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 the CT/MRI/ biopsy of affected side indicative of surgery? Yes

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

References:

1. Gidley P. (2013) Lateral Skull Base Surgical Approaches. In: Kountakis S.E. (eds) Encyclopedia of Otolaryngology, Head and Neck Surgery. Springer, Berlin, Heidelberg.
2. Manolidis, Spiros, et al. "Lateral skull base surgery: the otology group experience." Skull base surgery 7.3 (1997): 129.
3. Kurkure, Rahul, et al. "Subtotal Petrosectomy in Cochlear Implant Surgery: Our Experience." Indian Journal of Otolaryngology and Head & Neck Surgery (2020): 1-6.
4. <https://emedicine.medscape.com/article/883160-treatment#d10>
5. BARBOSA, JORGE FAIRBANKS. "Surgery of extensive cancer of paranasal sinuses: presentation of a new technique." Archives of otolaryngology 73.2 (1961): 129-138.
6. Vrionis, Frank D., et al. "Transtemporal Approaches to Posterior Cranial Fossa." Schmidek and Sweet Operative Neurosurgical Techniques. WB Saunders, 2012. 565-580.