



Guidance document for processing PM-JAY packages

Trigeminal Neuralgia

Procedures covered: 4

Specialty: Neurosurgery

Neurosurgery/ENT – Neurectomy-Trigeminal

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Neurectomy	Neurectomy	S800017	SN035A	16,000	3 days
Neurectomy	Neurectomy – Trigeminal	S800049	SN035B	16,500	3 days
R. F. Lesioning for Trigeminal Neuralgia	R. F. Lesioning for Trigeminal Neuralgia	S800050	SN044A	16,500	1 day
Stereotactic Lesioning	Stereotactic Lesioning	S800065	SN016A	60,000	1 day

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (in Neurosurgery), MS/Equivalent (in ENT Surgery) (S800050/ SN044A), DM/Equivalent (Neuroanesthesia) (S800050/ SN044A)

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

Disclaimer:

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

Trigeminal neuralgia (TN) (also known as tic douloureux) is characterized by recurrent brief episodes of unilateral electric shock-like pains, abrupt in onset and termination, in the

distribution of one or more divisions of the fifth cranial (trigeminal) nerve that typically are triggered by innocuous stimuli.

Clinical presentation

TN is defined clinically by paroxysmal, stereotyped attacks of usually intense, sharp, superficial, or stabbing pain in the distribution of one or more branches of the fifth cranial (trigeminal) nerve.

- Intense facial pain affecting day to day activity & can be triggered by common activities such as eating, talking, shaving, brushing, chewing
- Hemifacial spasm

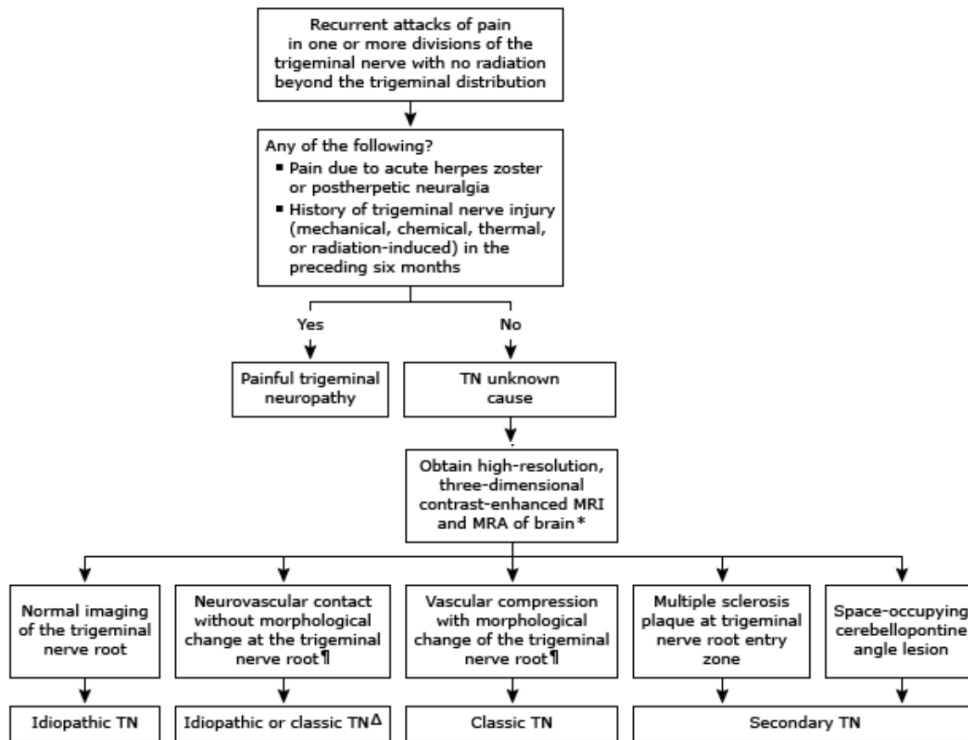
Clinical diagnosis

The diagnosis of TN is based upon the characteristic clinical features described above, primarily paroxysms of pain in the distribution of the trigeminal nerve. Once the diagnosis of TN is suspected on clinical grounds, a search for secondary causes should be undertaken.

The International Classification of Headache Disorders, Third Edition (ICHD-3) diagnostic criteria for TN are as follows:

- A. Recurrent paroxysms of unilateral facial pain in the distribution(s) of one or more divisions of the trigeminal nerve, with no radiation beyond, and fulfilling criteria B and C
- B. Pain has all of the following characteristics:
 - Lasting from a fraction of a second to two minutes
 - Severe intensity
 - Electric shock-like, shooting, stabbing or sharp in quality
- C. Precipitated by innocuous stimuli within the affected trigeminal distribution
- D. Not better accounted for by another ICHD-3 diagnosis

Evaluation of suspected trigeminal neuralgia



TN: trigeminal neuralgia; MRI: magnetic resonance imaging; MRA: magnetic resonance angiography.

* Refer to UpToDate text for details of MRI and MRA sequences.

† Morphological change includes dislocation, distortion, and/or atrophy of the trigeminal nerve root.

Δ Mere contact without morphological change can be innocuous, but surgery may reveal compression or other morphological change not detected by MRI.

Charles C Ho, MDSajid A Khan, Mark A Whealy. Trigeminal neuralgia – UpToDate. last updated: August, 2020.

Management

• Medical treatment

Pharmacologic therapy with carbamazepine or oxcarbazepine is the first-line initial treatment for most patients with classic TN (caused by neurovascular compression) and patients with idiopathic TN.

Surgery is reserved for patients who are refractory to medical therapy.

• Surgery for Medically Refractory TN

Choice of procedure — For patients with TN refractory to medical therapy, it is reasonable to discuss options for surgical therapy using microvascular decompression, various types of rhizotomy, or gamma knife radiosurgery

- **Microvascular decompression** – Microvascular decompression is a major neurosurgical procedure that involves craniotomy and the removal or separation of various vascular structures, often an ectatic superior cerebellar artery, away from the trigeminal nerve
- **Rhizotomy** – Rhizotomy encompasses a number of percutaneous surgical techniques that are performed by passing a cannula through the foramen ovale under fluoroscopic guidance, followed by lesioning of the trigeminal ganglion or root using one of several options:
 - Radiofrequency thermocoagulation rhizotomy
 - Mechanical balloon compression
 - Chemical (glycerol) rhizolysis
- **Stereotactic Radiosurgery** - The treatment involves focusing radiation on the trigeminal nerve. The radiation will cause injury to the nerve preventing it from transmitting the pain. There are different machines available to perform this procedure, including Gamma Knife, X-Knife. Gamma knife radiosurgery produces lesions with focused gamma radiation.
- **Peripheral neurectomy** – Peripheral neurectomy can be performed on the branches of the trigeminal nerve, which are the supraorbital, infraorbital, alveolar, and lingual nerves. Neurectomy is accomplished by incision, alcohol injection, radiofrequency lesioning, or cryotherapy.

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	Neurectomy/Neurectomy - Trigeminal	R. F. Lesioning for Trigeminal Neuralgia	Stereotactic Lesioning
i. At the time of Pre-authorization			
Clinical notes including clinical evaluation, indication of procedure, and planned line of management	Yes	Yes	Yes
MRI Brain / MRI Angiography	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes	Yes

Detailed discharge summary	Yes	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 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. Clinical protocol guidelines. Mahatma Jyotiba Phule Jan Arogya yojana. Maharashtra <https://www.jeevandayee.gov.in/MJPJAY/RGJAYDocuments/NEUROSURGERY.pdf>
2. Bendtsen L, Zakrzewska JM, Abbott J, et al. European Academy of Neurology guideline on trigeminal neuralgia. *Eur J Neurol*. 2019;26(6):831-849. doi:10.1111/ene.13950
3. Charles C Ho, MDSajid A Khan, Mark A Whealy. Trigeminal neuralgia – UpToDate. last updated: August, 2020.