



## Guidance document for processing PM-JAY packages

### Discectomy – Dorsal

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Discectomy - Dorsal	Discectomy - Dorsal	New Package	SN060A	30,000 + Implant Cost

**ALOS (In days):** 5 Days.

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB/Equivalent in (Neurosurgery), MS/Equivalent (in Orthopedics).

**Special empanelment criteria/linkage to empanelment module:** Tertiary Care Facilities

**Disclaimer:**

For monitoring and administering the claim management process of **Discectomy - Dorsal** 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:**

Patients with radiographic evidence of dorsal/thoracic disc herniation can present with axial pain, radiculopathy or myelopathy. Of these, the most common presentation is myelopathy.

Recommendations for dorsal/thoracic Discectomy are based on the clinical presentation and the radiographic appearance.

Thoracic discectomy can be performed using variety of techniques including but not limited to

- Microscope assisted Discectomy
- Less invasive tube assisted Discectomy

### Indications

#### 1. Thoracic disc herniation with myelo-radiculopathy

- a. Pattern of myelo-radiculopathy explained by imaging.
- b. 12 weeks of non-operative treatment
- c. The following can mitigate the need for initial non-operative trial
  - Severity of symptoms that prevent the patient from working.
  - Herniation results in functionally limiting motor weakness (e.b Paraparesis, foot drop).
  - Herniation results in sphincter disturbances (bladder dysfunction).

#### 2. Infection involving the disc sphere EITHER of the following cases

- a. In order to perform an open disc biopsy and culture when an organism has not been identified by other less invasive means (eg. Blood cultures, percutaneous needle biopsy)
- b. In order to perform a disc space/spinal canal debridement if ANY of the following is present:
  - Lack of clinical response to an appropriate course of antibiotics.
  - Epidural abscess with associated neurological deficits.
  - Signs of systemic sepsis associated with the disc space infection.

### Contraindications

Discectomy is NOT indicated in cases that does not fall with the above parameters

In particular Discectomy is not indicated for the treatment of:

- Isolated axial pain in the presence of a disc herniation.
- Predominant low back pain associated with disc degeneration with or without annular tears in the absence of a disc herniation.

### 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	Discectomy - Dorsal
<b>i. At the time of Pre-authorization</b>	
a. Detailed clinical notes.	Yes
b. Relevant Investigations such as CT/MRI.	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed procedure/operative notes	Yes
c. Post procedure imaging report (CT/MRI)	Yes
d. Post procedure clinical photograph with evidence of surgery	Yes
e. Barcode of the implant (if used)	Yes
f. 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	Discectomy - Dorsal
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Are the detailed clinical notes submitted?	Yes
b. Are the reports of the relevant Investigations (CT/MRI) submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the detailed procedure/operative notes submitted?	Yes
c. Was the post procedure imaging with film (CT/MRI) submitted?	Yes
d. Was the post procedure clinical photograph with evidence of surgery?	Yes
e. Barcode of the implant (if used)	Yes

f. Is the detailed discharge summary submitted?	Yes
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### **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:**

- I. Was the patient's CT/MRI report indicative of the procedure? Yes

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

#### **References:**

Standard Treatment Guidelines. Neuro-Surgery. Department of Health and Family Welfare. Government of Karnataka. Suvarna Arogya Suraksha Trust.