



Guidance document for processing PM-JAY packages

Endoscopic Third Ventriculostomy

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Endoscopic Third Ventriculostomy	Endoscopic Third Ventriculostomy	New Package	SN057A	20,000

ALOS (In days): 3 days

Minimum qualification of the treating doctor:

Essential: MCH/DNB/Equivalent in Neurosurgery.

Special empanelment criteria/linkage to empanelment module: Tertiary care facilities.

Disclaimer:

For monitoring and administering the claim management process of **Endoscopic Third Ventriculostomy** 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:

Endoscopic Third Ventriculostomy (ETV) is a minimally-invasive neurosurgical procedure that creates an opening in the floor of the third ventricle in the brain. This allows cerebrospinal fluid (CSF) trapped within the brain's ventricles to escape into its normal pathway. Endoscopic third ventriculostomy is increasingly used in the treatment of hydrocephalus.

Signs & Symptoms of Hydrocephalus across various age groups

Infants	Older children, young adults, and middle-aged adults	Older adults
<ul style="list-style-type: none"> • A rapid increase in head size • An unusually large head • A bulge on the soft spot (fontanel) on the top of the head • Vomiting • Problems sucking or feeding • Sleepiness • Irritability • Eyes that are fixed downward (also called "sun setting") or are not able to turn outward • Seizures. 	<ul style="list-style-type: none"> • Headache • Blurred or double vision • Nausea or vomiting • Problems with balance • Slowing or loss of developmental progress like walking or talking • Vision problems • Decline in school or job performance • Poor coordination • Loss of bladder control and/or frequent urination • Difficulty remaining awake or waking up • Sleepiness • Irritability • Changes in personality or cognition including memory loss. 	<ul style="list-style-type: none"> • Problems walking, often described as feet feeling "stuck" • Progressive mental impairment and dementia • General slowing of movements • Loss of bladder control and/or frequent urination • Poor coordination and balance.

Indications for Endoscopic Third Ventriculostomy (ETV):

- Hydrocephalus secondary to congenital aqueductal stenosis
- Posterior third ventricle tumor
- Cerebellar infarct
- Dandy-Walker malformation
- Vein of Galen aneurism
- Syringomyelia with or without Chiari malformation type I
- Intraventricular hematoma,
- Post infective, normal pressure hydrocephalus
- Myelomeningocele,
- Multiloculated hydrocephalus,
- Encephalocele
- Posterior fossa tumor
- Craniosynostosis
- Block shunt or slit ventricle 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	Endoscopic Third Ventriculostomy
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Relevant investigations such as CT/MRI	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Clinical Photograph	Yes
d. Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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. Were the patient's CT/MRI indicative of the procedure? Yes

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

References:

Yadav, Y. R., Parihar, V., Pande, S., Namdev, H., & Agarwal, M. (2012). Endoscopic third ventriculostomy. Journal of neurosciences in rural practice, 3(2), 163–173. <https://doi.org/10.4103/0976-3147.98222>