

Guidance document for processing PM-JAY packages

Conservative management of high cervical injury

(Complex and Simple Spinal Injuries)

Procedures covered: 2

Specialty: Polytrauma/Neurosurgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Conservative management of high cervical injury	Complex Spine Injury	New Package	SN063A	Routine Ward – 1,800 HDU – 2,700 ICU without ventilator-3,600 ICU with Ventilator – 4,500
Conservative management of high cervical injury	Simple Spine Injury	New Package	SN063E	Routine Ward – 1,800 HDU – 2,700 ICU without ventilator-3,600 ICU with Ventilator – 4,500

ALOS (In days): 14 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (Neurosurgery), MS/DNB/equivalent (Gen Surgery)

Disclaimer:

For monitoring and administering the claim management process of **Conservative management of high cervical injury** 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:

Spinal Cord Injury can severely impair or cease the conduction of sensory and motor signals, as well as functions of the autonomic nervous system.

Symptoms of a spinal cord injury include:

- problems walking
- loss of control of the bladder or bowels
- inability to move the arms or legs
- feelings of spreading numbness or tingling in the extremities
- unconsciousness
- headache
- pain, pressure, and stiffness in the back or neck area
- signs of shock
- unnatural positioning of the head

Diagnostic Tools: X-ray, CT and MRI

Classification of Spinal Injuries: ASIA CLASSIFICATION

The ASIA (American Spinal Injury Association) assessment protocol consists of two sensory examinations, a motor examination and a classification framework (the impairment scale) to quantify the severity of the spinal cord injury.

The following definitions are used in grading the degree of impairment:

Grade	Definition
A	Complete. No sensory or motor function is preserved in the sacral segments S4-S5
B	Incomplete. Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5
C	Incomplete. Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3 (Grades 0-2).
D	Incomplete. Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade greater than or equal to 3.
E	Normal. Sensory and motor functions are normal.

Conservative Management of Spinal Injury:

Active physiological conservative management of the spinal injury requires simultaneous scrupulous care of the injured spine together with; the multisystem neurogenic effects of the spinal cord injury on the respiratory, cardiovascular, urinary, gastrointestinal, dermatological, sexual and reproductive functions; the management of the associated psychological effects of paralysis from the early hours or days of injury as well as; the physical rehabilitation and modification of the environment.

Conservative treatment can be the initial treatment and it can serve as an adjunct to surgery, or even be the definitive treatment.

The decision-making in choosing the most appropriate treatment modality for a cervical trauma involves many considerations, including injury type, neurologic status, risk of displacement, patient's body habitus and eventual deformity, and compliance.

Non-surgical care of cervical trauma includes

- Skeletal skull traction,
- Use of Cervical braces and
- Use of Halo vest.

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	Conservative management of high cervical injury (Complex and Simple Spinal Injuries)
i. At the time of Pre-authorization	
a. Detailed clinical notes with history and admission notes showing vitals and examination findings.	Yes
b. Relevant Investigations such as X-ray and CT +/- MRI.	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed procedure/operative notes	Yes
c. 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:

- 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:

1. ASIA and ISCoS International Standards Committee. [The 2019 revision of the International Standards for Neurological Classification of Spinal Cord Injury \(ISNCSCI\)-What's new?](#) Spinal Cord. 2019 Oct;57(10):815-817.
2. Lauweryns P. Role of conservative treatment of cervical spine injuries. Eur Spine J. 2010;19Suppl 1(Suppl 1):S23-S26. doi:10.1007/s00586-009-1116-4