

Guidance document for processing PM-JAY packages

Spine deformity correction – Combined spinal segment – front and back

Procedures covered: 1

Specialty: Orthopedics

Package Name	Procedure Name	HBP 2.0 code	HBP 2022	Package Price (INR)		
				Tier 3(Z)	Tier 2(Y)	Tier 1(X)
Spine deformity correction	Combined spinal segment-front and back (anterior/posterior/combines anterior and posterior)	New package	SB080A	8 to 10 screw 45000/-	8 to 10 screw 51650/-	8 to 10 screw 56250/-
				>10 screws- 55000/-	>10 screws- 64350/-	>10 screws- 68750/-
				+ Cost of the implant/prosthesis		

ALOS: 7 days

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 5 years of experience

Desirable: MS/DNB/or equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of Spine deformity correction- Combined spinal segment- front and back (anterior/posterior/combines anterior and posterior) 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 patients and decide referral of cases to the appropriate level of care (as required) for treatment of patient 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:

It helps achieve stability of the spine by holding it together with the help of screws and rods. The aim of the procedure is to fuse the vertebra together in order hold them in position.

Indication: Patients with diseases like degenerative disc disease, spinal stenosis or spondylolisthesis etc.

Diagnosis: X-ray/CT scan can be used to confirm the diagnosis.

Management:

- Once the skin is cleaned with antiseptic solution and covered in sterile drapes, small incisions are made on the back which becomes the portal of entry to the vertebra.
- Through each incision, a small probe is inserted which is guided all the way to the vertebra with the help of fluoroscopy.
- Once the probe is in position, a tiny guide wire is passed through the probe to the required position on the vertebra. The probe is removed and the pedicle screws are guided along the guide wire to the area where they need to be screwed into.
- Once the screws have been inserted in the required positions, they are connected to each other with the help of rods. This is conducted individually for each vertebra. The purpose of the rods is to hold the screws in position.
- At the same time that the screws and rods are inserted, a bone graft is also placed in order to promote the fusion of the spine.
- Once sufficient has been achieved, the screws and rods will still remain in place as an attempt to remove them can damage the spine.

1.3 Mandatory documents-For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claim submission:

Mandatory Documents	Spine deformity correction – Combined spinal segment – front and back
i. At the time of pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure.	Yes
b. X-ray labelled with patient ID, date and side (Left/Right)- confirming the diagnosis	Yes
c. Pre operative clinical pictures	Yes
ii. At the time of claim submission	
a. Post procedure imaging study (Xray)	Yes
b. Detailed procedure/operative note	Yes
c. Invoice/barcode of implant	Yes
d. Post operative clinical pictures	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 mechanism/rule engines with the IT platform (TMS) to ensure compliance with STGs and to prevent fraud/abuse of the health benefit packages.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop ups:

i. At the time of pre-authorization processing for pre authorization processing doctor (PPD)

1. Were the clinical notes and x-ray report submitted are indicative of procedure? Yes

ii. At the time of claim submission- For claims processing doctor (CPD)

1. Were the clinical notes and x-ray report submitted are indicative of procedure being done? Yes

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

References:

1. Joaquim AF, Mudo ML, Tan LA, Riew KD. Posterior Subaxial Cervical Spine Screw Fixation: A Review of Techniques. Global Spine Journal. 2018;8(7):751-760.

2. Biswas JK, Rana M, et al. Effect of two-level pedicle-screw fixation with different rod materials on lumbar spine: A finite element study, Journal of Orthopedic Science, Volume 23, Issue 2, 2018.