



## Guidance document for processing PM-JAY packages

### Epilepsy Surgery

Procedures covered: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Epilepsy Surgery	Epilepsy Surgery	S800078	SN012A	50,000

**ALOS:** 7 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB/Equivalent (in Neurosurgery)

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

#### Disclaimer:

For monitoring and administering the claim management process of **Epilepsy Surgery**, 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:

Epilepsy is a chronic disorder characterized by recurrent unprovoked seizures. An epileptic seizure refers to transient occurrence of signs and or symptoms due to abnormal excessive or synchronous neuronal activity in the brain. The epileptic seizure may be characterized by sensory, motor or autonomic phenomena with or without loss of consciousness. All people with Epilepsy have seizures but all those who have seizures do not have epilepsy. Seizures occurring in a setting of an acute illness or medical condition like high fever, hypoglycemia etc are classified as acute symptomatic seizures.

Epilepsy surgery is an approved treatment for the management of drug-resistant or refractory epilepsy (RE). Epilepsy surgery is defined as any neurosurgical intervention with the objective of improving the quality of life through the control of epileptic seizures (ES) with minimum secondary side effects.

**Medically Intractable Epilepsy (MIE)** (Synonyms: Intractable epilepsy, difficult to control epilepsy, refractory epilepsy, therapy resistant epilepsy)

## DEFINITION

Individuals with medically intractable epilepsy are defined as:

- Those in whom epilepsy is not controlled by 2 or more appropriate AEDs used in their optimal dosage.
- Adults (16 years or above) who continue to have seizures even after 2 year of treatment
- Pediatric epilepsy patients can be labeled as MIE much earlier (sometime even within weeks of onset of seizures), if they present with epileptic encephalopathy, infantile spasms, catastrophic onset of epilepsy, seizure frequency of  $>1$ /month, and disabling seizures.

## INDICATIONS FOR SURGERY IN EPILEPSY

- All patients with medically intractable epilepsy should be evaluated at a centre performing epilepsy surgery.
- A patient having medically intractable epilepsy with an identifiable lesion on imaging, correlated with electrophysiology (EEG, VEEG) is a potential candidate for epilepsy surgery.
- Even if imaging is negative, patients still can be surgical candidates on further investigation.
- Epilepsy surgery should be done only in specialized centres.

## TYPES OF SURGERY

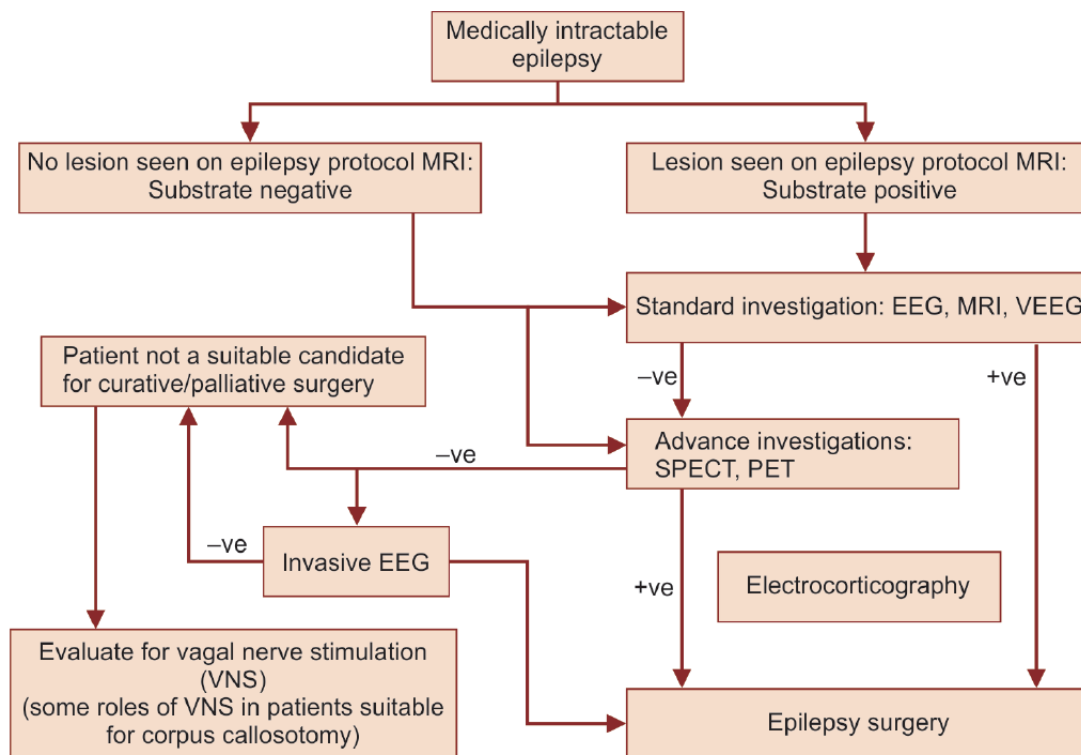
- Epilepsy surgery may be resective or non-resective. In some cases epilepsy surgery may be curative.
- Resective surgery includes lesionectomy (resection of the lesion and the surrounding epileptogenic area), amygdalo-hippocampectomy with or without temporal lobe resection, multilobar resection and hemispherectomy.
- Nonresective surgery includes multiple subpial transections, corpus callosotomy and vagus nerve stimulation.

## Types of surgical interventions

The surgical interventions may be broadly divided into

(a) temporal

(b) extratemporal surgeries



Abbreviations: MRI, Magnetic resonance imaging; EEG, Electroencephalogram; VEEG, Video electroencephalogram; SPECT, Single photon emission computed tomography; PET, Positron emission tomography

**Note:** Substrate negative: Imaging negative, Substrate positive: Imaging positive. Invasive EEG: EEG performed by placing grids and/or depth electrodes through surgery followed by long term EEG. Electrocorticography: method of recording EEG at the time of surgery by placing grids on the brain surface

### 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	Epilepsy Surgery
<b>i. At the time of Pre-authorization</b>	
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes
Clinical Evaluation	Yes
Electroencephalogram (EEG)	Yes
Video EEG	Yes
CT/MRI brain	Yes

Optional PET (positron emission tomography) SPECT (single photon emission tomography)	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Preop MRI & Postop MRI/CT	Yes
Post op EEG	Yes
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:**

**2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**

- Clinical notes - detailed history especially medication history (for failed conservative management), signs & symptoms, planned line of treatment, indication for procedure?
- Did imaging confirm the diagnosis?

**2.2.2 At the time of claim processing- For claims processing doctor (CPD)**

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was the imaging indicative of surgery?
- Was EEG done before discharge?

## **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:**



- a. Was clinical presentation, history and imaging indicative of surgery? Yes

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

#### References

1. Indian Epilepsy society. Guidelines for the Management of Epilepsy in India. Indian Epilepsy Association – 18<sup>th</sup> International Epilepsy Congress Trust. First Edition. 2008  
[http://www.epilepsyindia.org/ies/GUIDELINES/Gemind\\_Combine.pdf](http://www.epilepsyindia.org/ies/GUIDELINES/Gemind_Combine.pdf)
2. Chandra PS, Tripathi M. Epilepsy surgery: recommendations for India. *Ann Indian Acad Neurol*. 2010;13(2):87-93. doi:10.4103/0972-2327.64625