



Guidance Document for processing PM-JAY packages

Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure

Procedure count: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure	Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure	S800081	SN024A	60,000	10 days

Minimum qualification of the treating doctor:

Essential: Mch/DNB/equivalent (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Care at a tertiary hospital

Disclaimer:

For monitoring and administering the claim management process of Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure, 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 the ICMR poster and other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this document 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:

The superficial temporal artery to middle artery bypass is a technique that allows the blood supply from the extracranial carotid circulation to be routed to the distal middle cerebral artery branches. The procedure allows blood flow to bypass proximal lesions of the intracranial



vasculature. The performance of this bypass requires specialized microvascular training and the use of microvascular techniques. The techniques involved in performing these procedures include microdissection of the superficial temporal artery in the scalp, microdissection of the recipient middle cerebral artery branches near the sylvian fissure, and anastomosis techniques using either microvascular sutures or a microanastomotic device.

Indications

1. Cerebrovascular occlusive disease
2. Complex intracranial aneurysm
3. Skull base tumors where proximal vessel sacrifice is required as part of their treatment
4. Conditions that could interrupt the blood flow to the distal middle cerebral vasculature. These conditions include planned proximal vessel sacrifice for tumors or aneurysms, moyamoya disease, and other causes of vascular occlusion that reduce blood flow to the MCA territory.

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	Superficial Temporal Artery (STA): middle cerebral artery (MCA) or (other EC - IC) Bypass procedure
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indication of procedure and planned line of management	Yes
b. MRA/Digital Subtraction Angiography (DSA) report of brain establishing need for surgery	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Post Procedure clinical photograph/scar photo	Optional
c. Detailed Procedure/ Operation notes	Yes
d. 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):

- a. Clinical notes - detailed history, signs & symptoms, planned line of management, indication for procedure, and advice for admission?
- b. Was MRA/DSA brain report of patient submitted?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Post-operative photographs submitted (optional)?
- d. Is the Discharge summary with follow-up advice at the time of 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:

- I. Was MRA/DSA brain report indicative of surgery? Yes

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

References

1. Newell DW. Superficial temporal artery to middle cerebral artery bypass. *Skull Base*. 2005;15(2):133-141.