

Guidance document for processing PM-JAY packages

Fasciotomy & Duputryen's Contracture release + rehabilitation

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
Fasciotomy	Fasciotomy	S500044	SB050A	10,500	4
Duputryen's Contracture release + rehabilitation	Duputryen's Contracture release + rehabilitation	S500039	SB051A	8,500	2

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 10 years of experience

Desirable: MS/DNB/Equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Fasciotomy & Duputryen's Contracture release + rehabilitation**, 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:

- A **fasciotomy** is an emergency procedure used to treat acute compartment syndrome, when the pressure builds up in a non-compliant Osseo fascial compartment and causes ischemia leading to muscle and nerve necrosis.

- It occurs most commonly In the volar compartment of the forearm, deep posterior, or anterior compartment of the leg, buttocks and lumbar paraspinous muscle.
- It can, however, happen in any closed space where there is muscle surrounded by substantial fascia, i.e., the hand, foot, thigh, or buttock.

Types: Compartment syndrome categorizes as acute or chronic.

- Acute compartment syndrome often follows high energy trauma, fractures, circumferential burns, crush injuries, or even a tight plaster cast.
- Chronic compartment syndrome develops with muscular overuse and commonly occurs in the leg of runners or military personnel or the forearm of weightlifters and rowers. Occasionally acute exertional compartment syndrome can be seen after strenuous exertion.

Indications of fasciotomy

- Some institutes operate if the difference between the compartment pressure and diastolic pressure is less than 20 mmHg. While some surgeons operate if a compartment pressure is greater than 30 mmHg with the correlation of clinical signs

Dupuytren's contracture Signs and symptoms:

- Dupuytren's contracture is a progressive condition in which connective cords form, thicken, and shorten (typically in the connective tissue of the palmar fascia), causing permanent flexion contractures of joints and of one or more fingers.
- The metacarpophalangeal joint (MCP) and the proximal interphalangeal joint (PIP) are most often affected.
- Eventually, the contractures lead to hand deformity and impaired hand function, and potentially reduced quality of life for the affected individual.
- Dupuytren's contracture may present as a unilateral or bilateral disease.

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	Fasciotomy & Duputryen's Contracture release + rehabilitation
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. USG report labelled with patient ID, date and side (Left/ Right) of Affected part	Yes

c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-Procedure clinical photograph	Yes
c. Detailed Procedure / Operative 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:

Mandatory document	Fasciotomy & Duputryen's Contracture release + rehabilitation
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical documents justifying surgery	Yes
b. USG report labelled with patient ID, date and side (Left/ Right) of Affected part	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-Procedure clinical photograph	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed Discharge summary	Yes

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. Does the USG report and Post procedure detailed Operative notes mentioned the type and location of Fasciotomy conducted? Yes

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

References:

1. Ormiston, Rory V., and Raghavendra Marappa-Ganeshan. "Fasciotomy." (2020).
2. Tintinalli, Judith E., Ronald L. Krome, and Ernest Ruiz. "Emergency medicine: a comprehensive study guide." *Advanced Emergency Nursing Journal* 14.3 (1992): 74.
3. Kim, Tae Hun, et al. "Is external fixation needed for the treatment of tibial fractures with acute compartment syndrome?" *Injury* 49.2 (2018): 376-381.
4. Winkes, Michiel B., Adwin R. Hoogveen, and Marc R. Scheltinga. "Is surgery effective for deep posterior compartment syndrome of the leg? A systematic review." *British journal of sports medicine* 48.22 (2014): 1592-1598.
5. Traub, Brian C., Mark K. Lane, and Jeff A. Traub. "Exercise-induced acute bilateral upper-arm compartment syndrome." *Case Reports in Emergency Medicine* 2017 (2017).
6. Canadian Agency for Drugs and Technologies in Health. *Needle Or Open Fasciotomy for Dupuytren's Contracture: A Review of the Comparative Efficacy, Safety, and Cost-effectiveness: an Update*. Canadian Agency for Drugs and Technologies in Health, 2013.