

## Guidance document for processing PM-JAY packages

### Pelvic Osteotomy and fixation

**Procedures covered: 1**

**Specialty: Orthopedics**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Pelvic Osteotomy and fixation	Pelvic Osteotomy and fixation	S500072	SB056A	20,000

**ALOS (In days): 7 days**

**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 **Pelvic Osteotomy and fixation** 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:**

**Indication:** Pelvic Osteotomy and fixation used for Stabilizing the hip and preventing early osteoarthritis and are in evolutionary phase.

Is a powerful surgical tool for realigning and providing a biomechanically sound hip joint, the goal is to preserve natural bone and prevent the need for hip joint arthroplasty at adult age.

## Treatment:

- **Age:** pelvic osteotomies are usually performed between ages 3-8 years;
  - a) In children > 3 years, open reduction, femoral shortening, & acetabular redirection will provide concentric reduction, will reduce AVN, & will achieve a functional range of motion;
  - b) Some will even consider pelvic osteotomy in children as young as 2 years of age;
  - c) After 8 years of age consider salvage osteotomy since in older children there is little potential for remodeling & natural history of untreated dislocation is probably better than surgical correction;
  - d) Bilateral dislocation, there is probably little benefit to osteotomy after the age of 5-6 years;
  - e) Exception is the ganz osteotomy which is indicated for residual dysplasia in adolescents and young adults;
- **Femoral head subluxation after reduction;**

### 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	Pelvic osteotomy with fixation
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Clinical photograph of affected part	Yes
c. X-ray of pelvis labelled with patient ID, date and side (Left/ Right)	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-procedure clinical photograph	Yes
c. Post procedure imaging study (X Ray) pelvis labelled with patient ID, date and side (Left/ Right)	Yes
d. Detailed Procedure / Operative Notes	Yes
e. 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	Pelvic osteotomy with fixation
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Clinical photograph of affected part	Yes
c. X-ray of pelvis labelled with patient ID, date and side (Left/ Right)	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-procedure clinical photograph	Yes
c. Post procedure imaging study (X Ray) showing the implant	Yes
d. Detailed Procedure / Operative Notes	Yes
e. 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 Clinical notes justify congenital hip disorders? – Yes

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

#### **References:**

1. Wheelless, Clifford R. "Wheelless' textbook of orthopaedics." (2001).