

## Guidance document for processing PM-JAY packages

### Tendon Transfer

**Procedures covered: 1**

**Specialty:** General Surgery, Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Tendon Transfer	Tendon Transfer	S100246	SG092A	15,000

**ALOS:** 3 days

**Minimum qualification of the treating doctor:**

**Essential:** Diploma in Orthopedics with 10 years of experience; MS/DNB/Equivalent in General Surgery

**Desirable:** MS/DNB/Equivalent in Orthopedics

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Tendon Transfer** 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:**

**Definition:** A tendon transfer procedure relocates the insertion of a functioning muscle-tendon unit (MTU) in order to restore lost movement and function at another site.

**Clinical indicators:**

- The most common indication for upper extremity tendon transfer procedures is a peripheral nerve injury that has no potential to improve

- This includes nerve injuries that are physically irreparable such as root avulsions, nerve injuries that do not recover after direct nerve repair or grafting, or failed nerve transfers.
- In addition, tendon transfer procedures are often indicated when peripheral nerve injuries present so late that muscle reinnervation is impossible due to motor end-plate fibrosis.
- Other common indications include loss of muscle or tendon following trauma, central neurologic deficits such as spinal cord injuries and cerebral palsy, and tendon ruptures in patients with rheumatoid arthritis.
- Other rarer disorders, including poliomyelitis and leprosy, can result in disability that may benefit from a tendon transfer procedure.

### Principles of Tendon Transfer Procedures

- The principles of successful tendon transfer procedures:
  - Supple joints prior to transfer
  - Soft tissue equilibrium
  - Donor of adequate excursion
  - Donor of adequate strength
  - Expendable donor
  - Straight line of pull
  - Synergy, and
  - Single function per transfer.

### 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	Tendon Transfer
<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. Evidence of confirmed diagnosis of Leprosy (If applicable)	yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Post op clinical photograph	Yes
c. Detailed operative note	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:**

<b>Mandatory document</b>	<b>Tendon Transfer</b>
<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. Evidence of confirmed diagnosis of Leprosy if applicable	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Post-operative clinical photograph	Yes
c. Detailed operative note	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. Clinical photograph of affected part confirming the diagnosis? – Yes
- II. Evidence of confirmed diagnosis of Leprosy if applicable? – Yes

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

### **References:**



1. Sammer, Douglas M., and Kevin C. Chung. "Tendon transfers part I: principles of transfer and transfers for radial nerve palsy." *Plastic and reconstructive surgery* 123.5 (2009): 169e.
2. Richards, Robin R. "Tendon transfers for failed nerve reconstruction." *Clinics in plastic surgery* 30.2 (2003): 223-245.