



Guidance document for processing PM-JAY packages

Tenolysis

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Tenolysis	Tenolysis	S500080	SB048A	5,000

ALOS (In days): 1 day

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 **Tenolysis** 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:

- Flexor Tenolysis surgery for flexor digitorum profundus and superficialis adhesions is a common procedure performed by hand surgeons.
- Releasing these adhered tendons can greatly improve hand function and improve quality of life.

Indications for surgery: Tenolysis is a surgical procedure used to remove adhesions that inhibit active flexion of digits.

- The diagnosis of flexor tendon adhesions is active finger flexion is substantially less than passive flexion.
- Tendon adhesions will occur whenever the surface of a tendon is damaged either through the injury itself, be it laceration or crush, or by surgical manipulation.
- When these adhesions cannot be mobilized by an adequate course of hand therapy, tenolysis should be considered.
- Tenolysis is indicated when the passive range of motion (ROM) is significantly greater than the active ROM at the same joint following fracture, flexor tendon repair, grafting, or tendon sheath infection
- There is no absolute indication for flexor tenolysis. The decision should be made in a motivated patient who has access to adequate postoperative hand therapy. It should be based on healed fractures and osteotomies, mature soft tissue coverage, intact tendons and gliding tissues, and a full range of passive flexion, and preferably extension of the affected joints

Surgical Lysis:

- The procedure begins with exposure of the full length of the flexor tendon and provides the best operative window to the flexor tendon and pulley system.
- After exposure, both flexor tendons from underlying structures, and all tendon adhesions are lysed. Most critical aspect of flexor tenolysis is to respect the pulley system for the flexor tendons.

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	Tenolysis
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. 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 including agent used for lysis of tendon	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	Tenolysis
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
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
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 including agent used for lysis of tendon	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. Details of agents used for lysis of tendon submitted?. Yes

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

References:

1. Rosenblum, Matthew K et al. "The Fine Wire Technique for Flexor Tenolysis." Plastic and reconstructive surgery. Global open vol. 5,11 e1557. 16 Nov. 2017, doi:10.1097/GOX.0000000000001557
2. Eggli, Simone, et al. "Tenolysis after combined digital injuries in zone II." Annals of plastic surgery 55.3 (2005): 266-271.
3. Feldscher, Sheri B., and Lawrence H. Schneider. "Flexor tenolysis." Hand Surgery 7.01 (2002): 61-74.
4. Tang, Jin Bo. "New developments are improving flexor tendon repair." Plastic and reconstructive surgery 141.6 (2018): 1427-1437.
5. Azari KK, Meals RA. Flexor tenolysis. Hand Clin. 2005;21(2):211-217. doi:10.1016/j.hcl.2004.11.008
6. Pillukat, T, et al. "[Tenolysis of the Flexor Tendons in the Hand]." Der Orthopade, vol. 44, no. 10, 2015, pp. 767-76.