

Guidance document for processing PM-JAY packages

Acromioclavicular (AC) Joint reconstruction / Stabilization

Procedures covered: 6

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
AC Joint reconstruction / Stabilization	Rockwood Type - I	S500001	SB032A	20,500 + Price of Implant
AC Joint reconstruction / Stabilization	Rockwood Type - II	S500001	SB032B	20,500 + Price of Implant
AC Joint reconstruction / Stabilization	Rockwood Type - III	S500001	SB032C	20,500 + Price of Implant
AC Joint reconstruction / Stabilization	Rockwood Type - IV	S500001	SB032D	20,500 + Price of Implant
AC Joint reconstruction / Stabilization	Rockwood Type - V	S500001	SB032E	20,500 + Price of Implant
AC Joint reconstruction / Stabilization	Rockwood Type - VI	S500001	SB032F	20,500 + Price of Implant

ALOS (in Days): 4 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 **AC Joint reconstruction / Stabilization** 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:

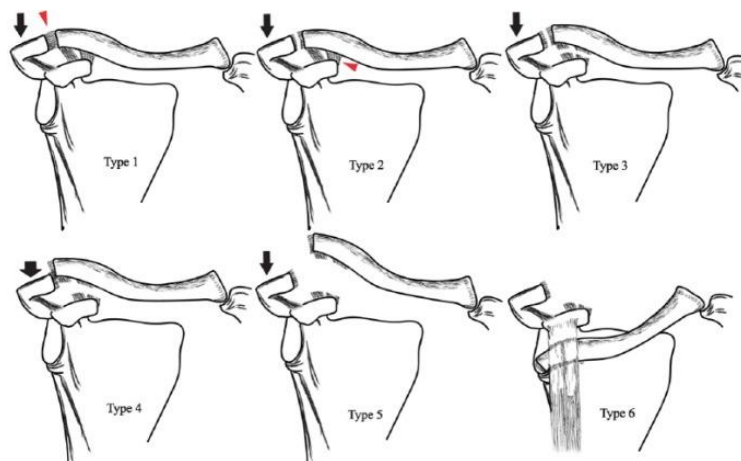
- **Acromioclavicular (AC) joint injury** is a frequent diagnosis after acute shoulder trauma and is very common among athletic populations. It accounts for 40% to 50% of shoulder injuries in many contact sports
- **Mechanism of injury:** The management of a dislocation of the AC joint depends on its grade and severity. The most common mechanisms of injury to the AC joint include falling on an outstretched arm or direct trauma to the apex of the shoulder with the arm in adducted position.

Symptoms & signs:

- Patients commonly complain of superior shoulder pain with attempts at upper extremity elevation. There is a point tenderness over the AC joint
- The force pushes the acromion inferiorly while the clavicle maintains its anatomical position, resulting in a variable disruption of the acromioclavicular and coracoclavicular ligaments.
- There is a sequential pattern of injuries to the supporting structures of the AC joint during trauma. As the generated stress forces rise, first the AC ligaments are torn, followed by the coracoclavicular (CC) ligaments.

The classic Rockwood classification of the AC joint injury

- Type I is a sprain injury of the AC ligament; there is no complete tear and both AC and CC ligaments are intact.
- Type II is a tear of the AC ligament but not of the CC ligaments.
- A type III injury involves tears of both the AC and CC ligaments, with 25% to 100% displacement of the clavicle compared with that on the contralateral side.
- In a type IV injury, both the AC and CC ligaments are torn and there is posterior displacement of the distal clavicle into the trapezius fascia.
- In a Rockwood type V injury, the AC and CC ligaments and both the origin of the deltoid and insertion of the trapezius are torn, causing extreme instability of the AC joint. It is a complex injury where the deltotrachezial fascia is stripped from its attachment and displacement of the clavicle is more than three times the diameter of its distal part. The CC distance is increased to 100% to 300%.
- Type VI injuries are the result of inferior displacement of the distal clavicle into the sub coracoid position.
- Radiographs are the initial imaging modality of choice for diagnosis and classification of AC injuries. As soon as the patient is admitted, standard anteroposterior lateral and axillary views should be obtained as for any shoulder injury. The axillary view often helps to visualize the amount of posterior displacement of the clavicle.



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	Rockwood type
	I-VI
i. At the time of Pre-authorization	
a. Clinical notes confirming the diagnosis	Yes
b. X-ray/ MRI labelled with patient ID, date and side (Left/ Right) of affected limb	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-op X-ray labelled with patient ID, date and side (Left/ Right) of operated limb	Yes
c. Post Procedure clinical photograph (Optional)	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Invoice and barcode of implant	Yes
f. 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	Rockwood type
	I-VI
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes - detailed history, signs & symptoms, planned line of treatment, and indication for procedure?	Yes
b. X-ray/ MRI labelled with patient ID, date and side (Left/ Right) of affected limb confirm the diagnosis?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed ICPs with daily vitals and treatment details?	Yes
b. Post-operative X-ray labelled with patient ID, date and side (Left/ Right) of operated limb submitted?	Yes
c. Were Post-operative photographs submitted?	Yes
d. Are the detailed procedure / Operative Notes available?	Yes
e. Invoice/barcode of implant submitted?	Yes
f. Is the Discharge summary with follow-up advise at the time of discharge?	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. Did the Post Procedure X Ray show the presence of Implant? – Yes

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

References:

1. Sirin, Evrim et al. "Acromioclavicular joint injuries: diagnosis, classification and ligamentoplasty procedures." *EFORT open reviews* vol. 3,7 426-433. 17 Jul. 2018, doi:10.1302/2058-5241.3.170027