

Guidance document for processing PM-JAY packages

Amputation

Procedures covered: **16**

Specialty: Orthopaedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (in days)
Single Stage Amputation	Above Elbow	S500004	SB043A	15,000	5
Single Stage Amputation	Below Elbow	S500003	SB043B	15,000	5
Single Stage Amputation	Above Knee	S500009	SB043C	15,000	5
Single Stage Amputation	Below Knee	S500008	SB043D	15,000	5
Single Stage Amputation	Foot	S500010	SB043E	15,000	5
Single Stage Amputation	Hand	S500010	SB043F	15,000	5
Single Stage Amputation	Wrist	S500006	SB043G	15,000	5
Two Stage Amputation	Above Elbow	S500004	SB044A	23,200	5
Two Stage Amputation	Below Elbow	S500003	SB044B	23,200	5
Two Stage Amputation	Above Knee	S500009	SB044C	23,200	5
Two Stage Amputation	Below Knee	S500008	SB044D	23,200	5
Two Stage Amputation	Foot	S500010	SB044E	23,200	5
Two Stage Amputation	Hand	S500010	SB044F	23,200	5
Two Stage Amputation	Wrist	S500006	SB044G	23,200	5
Amputation - Fingers / Toes	Finger(s)	S500002, S500005, S500007	SB045A	10,400	2
Amputation - Fingers / Toes	Toe(s)	S500002, S500005, S500007	SB045B	10,400	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 **Amputation - Single Stage, Amputation - Two Stage, Amputation - Fingers / Toes**, 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:

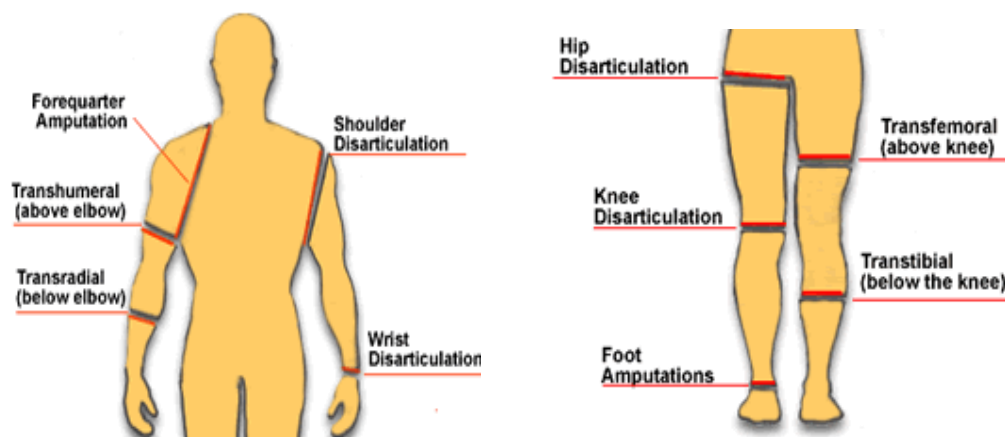
- Indications for **Amputation**:

- **Upper limb:** Partial removal of a finger to the loss of the entire arm and part of the shoulder. Upper limb amputations tend to be less common than lower limb amputations

Indications for Upper limb amputation: Accidents, Infection or burns, Tumors or disease, Conditions present at birth

- **Lower limb:** Partial removal of a toe to the loss of the entire leg and part of the pelvis is considered as Lower Limb amputation.

Indications for Lower limb amputation: Irreversible ischemia in a diseased or traumatized limb, Gangrene (Atherosclerosis, embolus), Small vessel involvement in diabetes, Burgers disease, Raynauds disease, spreading cellulitis, Neoplasms (Osteosarcoma), Arterio-venous fistula, sever trauma, Severe rest pain, Severe contracture or paralysis, crush injury with warm ischemia time >6 hours, Conditions Present at Birth.



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- **Staged Amputations:** a first stage used for debridement in case of infection with only loose closure and the second stage for trimming of the malleoli and revision of the skin flap

Phase	Hallmarks
1. Preoperative	Assessment of body condition, patient education, surgical level discussion, postoperative prosthetic plans
2. Amputation surgery, reconstruction	Length, myoplastic closure, soft tissue coverage, nerve handling, rigid dressing
3. Acute postsurgical	Wound healing, pain control, proximal host motion, emotional support
4. Preprosthetic	Shaping, shrinking, increase muscle strength, restore patient locus of control
5. Prosthetic prescription and fabrication	Team consensus on prosthetic prescription
6. Prosthetic training	Increase in prosthetic wearing and functional utilization
7. Community integration	Resumption of roles in family and community activities Emotional equilibrium and healthy coping strategies Recreational activities
8. Vocational rehabilitation	Assessment and planning of vocational activities for future. May require further education, training, or job modification.
9. Follow-up	Life-long prosthetic, functional, medical assessment, and emotional support

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 documents	Amputation - Single Stage; Two Stage; Fingers / Toes
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) of affected limb/part	Yes
c. MLC/ FIR (if traumatic patient)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-operative X-ray labelled with patient ID, date and side (Left/ Right) showing affected part	Yes
c. Post Procedure clinical photograph (Optional)	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-authorisation 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 documents	Amputation - Single Stage; Two Stage; Fingers / Toes
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes with indication for surgery submitted?	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) - affected limb	Yes
c. MLC/ FIR (if traumatic patient) submitted?	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 op 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. 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:

- Did Post-operative X- ray confirm amputation? – Yes

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

References:

- Tamil Nadu State Standard Treatment Guidelines.
- Braaksma, Rudwina, Pieter U. Dijkstra, and Jan HB Geertzen. "Syme Amputation: A Systematic Review." *Foot & ankle international* 39.3 (2018): 284-291.



3. <http://www.cdha.nshealth.ca/amputee-rehabilitation-musculoskeletal-program/patient-family-information/upper-limb-amputations>
4. <http://www.cdha.nshealth.ca/amputee-rehabilitation-musculoskeletal-program/patient-family-information/upper-limb-amputations>
5. Esquenazi, Alberto, and Robert H. Meier III. "Rehabilitation in limb deficiency. 4. Limb amputation." *Archives of physical medicine and rehabilitation* 77.3 (1996): S18-S28.