

## Guidance document for processing PM-JAY packages

### Arthrotomy / Arthrolysis of joint

Procedures covered: 4

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
Arthrotomy of any joint	Arthrotomy of any joint	S500016	SB024A	14,000	7
Arthrolysis of joint	Elbow	S500045, S500015	SB025A	15,000	4
Arthrolysis of joint	Knee	S500045, S500015	SB025B	15,000	4
Arthrolysis of joint	Ankle	S500045	SB025C	15,000	4

#### 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 **Arthrotomy of any joint / Arthrolysis of joint** 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:**

**Arthrotomy:** An arthrotomy is a surgical exploration of a joint, which should include inspection of the cartilage, intra-articular structures, joint capsule, and ligaments. Also, may be used in drainage.

**Arthrolysis:** loosening adhesions in an ankylosed joint to restore mobility.

**Indications of Ankle arthrolysis:**

- Symptomatic early-onset ankle joint osteoarthritis with limitation of ROM is a common indication for open or arthroscopic arthrolysis.
- This procedure involves synovectomy, resection of intra-articular scar tissue, free bodies and osteophytes (mostly located on the anterior talar and tibial areas), chondroplasty with/without arthroplasty.
- In recent decades, an improvement in surgical instruments and surgeons' experience has led to an evolution of the gold standard from open to arthroscopic ankle joint release.

**Indications of Elbow arthrolysis:**

- Elbow arthrolysis is a technically demanding procedure, but if indication and techniques are used correctly and surgeon, physiotherapist, and patient are familiar with the procedure, good long-term results may be achieved.
- Open arthrolysis with a unilateral hinged external fixator has been commonly used to treat posttraumatic elbow stiffness.
- Different approaches are used for open arthrolysis of stiff elbow. Among them, the posterior approach might have some advantages especially in post-traumatic patients, who have undergone the same surgical approach in the past.
- Using the posterior approach, triceps muscle, which is considered the most important cause in post-operational adhesion formation, could be debrided easily.
- In the posterior approach, the manipulation of the anterior elements is minimal, so neurovascular complications will be reduced.
- It also provides a better accessibility to the medial and lateral posterior elements and makes it easier to remove the previous devices.
- The superior radio-ulnar joint is accessible in this approach and it makes it possible to release the intra-articular adhesions that limit the elbow range of motion.

**Indications of open arthrolysis Knee joint:**

- Open arthrolysis is indicated after failure of conservative treatment and in cases of severe stiffness of the knee joint.
- A meticulous open arthrolysis, with consideration of selective patellar resurfacing and/or tibial-insert downsizing, is a valid treatment strategy for this difficult and poorly understood problem of pain and decreased ROM. It gives a significant and sustainable improvement in range of movement.
- Open arthrolysis is an effective and reproducible technique in the treatment of the stiff TKR and has good, long-term results

### 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	Arthrotomy of any joint / Arthrolysis of joint
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes confirming the diagnosis	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
c. Clinical photograph of affected part	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Post procedure clinical photograph	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 documents	Arthrotomy of any joint / Arthrolysis of joint
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Clinical notes with indication for surgery submitted?	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) of affected part is indicative of surgery?	Yes
c. Clinical photograph of affected part	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	

a. Are the detailed ICPs with daily vitals and treatment details?	Yes
b. Post-procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part submitted?	Yes
c. Are the detailed procedure / Operative Notes available?	Yes
d. Were Post-operative photographs submitted?	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:**

- I. Were Clinical findings and X-ray report indicative of surgery? Yes

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

#### **References:**

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- Rohlfing, Freya-Isabelle et al. "Clinical and Radiological Mid-to-Long-term Outcomes Following Ankle Arthrolysis." *In vivo (Athens, Greece)* vol. 33,2 (2019): 535-542. doi:10.21873/invivo.11507
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