



Guidance Document for processing PM-JAY packages

Nerve Plexus injury

Procedures covered: 2

Specialty: Polytrauma, Orthopedics, Neurosurgery, General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Management of Nerve Plexus / Tendon injuries	Nerve plexus injury repair	S600001	ST009A	50,000	10 days
Management of Nerve Plexus / Tendon injuries	Nerve plexus injury reconstruction	S600001	ST009B	50,000	10 days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent in (Orthopedic surgery); MCh/DNB/Equivalent in (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Functional Operational Theatre

Disclaimer:

For monitoring and administering the claim management process of **Management of Nerve Plexus / Tendon injuries**, 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 document 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:

Nerve Plexus Injury (NPI)

Obtaining a thorough history in a patient with possible NPI is necessary to identify the injury mechanism, associated fractures, and other concomitant trauma to the neck, shoulder, and chest

cage. Careful inspection of the patient can provide important clues to the extent of the injury. Considerable bruising and swelling may indicate deep trauma with possible vascular injury, which can be confirmed by evaluating the radial, ulnar, and brachial pulses. A detailed neurologic examination is warranted to ascertain the location of the lesion.

Findings on initial examination are supplemented with advanced imaging and electrophysiological evaluation to determine the prognosis of neurologic recovery further.

There are few contraindications to brachial plexus surgery. In general, surgery should be avoided if the patient is not medically or psychologically cleared for surgery or if local wounds or infections obstruct the surgical approach.

Management

- The surgical timing for the treatment of nerve plexus injury remains a topic of controversy.
- Urgent surgical exploration of the plexus is indicated if a root avulsion or laceration injury to the plexus is suspected or in cases of open injury, retained foreign body, or vascular injury requiring vessel repair.
- Sharp transections of the brachial plexus allow for primary repair of the transected ends to optimize nerve regeneration.
- Prognosis for low-energy mechanism Brachial plexus injury is more favorable compared to root avulsions or preganglionic injuries and can be treated conservatively to allow for spontaneous recovery.
- The patient should be closely followed with serial examinations, imaging studies, and electrophysiological testing. Delayed exploration may be indicated at three to six months after injury if the patient fails to regain neurologic function satisfactorily.

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	Nerve plexus injury repair	Nerve plexus injury reconstruction
a. Clinical Notes detailing the injury and need for surgery	Yes	Yes
b. Medico legal case report/ FIR copy of accident, if the injury was due to accident	Yes	Yes
c. Nerve conduction velocity	Optional	Optional
d. Electromyography (EMG) report	Optional	Optional
e. MRI report	Optional	Optional

i. At the time of claim submission		
a. Indoor case papers	Yes	Yes
b. Intra operative photograph	Optional	Optional
c. Procedure/ Operation notes	Yes	Yes
d. Detailed discharge summary	Yes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR IT

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:**

1. Were the clinical notes suggestive of nerve plexus injury? Yes

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

References

1. Luo TD, Levy ML, Li Z. Brachial Plexus Injuries. [Updated 2020 Apr 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-