

Guidance document for processing PM-JAY packages

Closed reduction of joint dislocation

Procedures covered: 4

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Closed reduction of joint dislocation	Hip	S500037	SB028A	7,400	1
Closed reduction of joint dislocation	Shoulder	S500038	SB028B	5,500	7
Closed reduction of joint dislocation	Elbow	S500038	SB028C	5,500	1
Closed reduction of joint dislocation	Knee	S500037	SB028D	5,500	1

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 5 years' experience

Desirable: MS/DNB/Equivalent (in Orthopedics)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary care facilities - (Procedure for Hip Joint)

Disclaimer:

For monitoring and administering the claim management process of **Closed reduction of joint dislocation** 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:

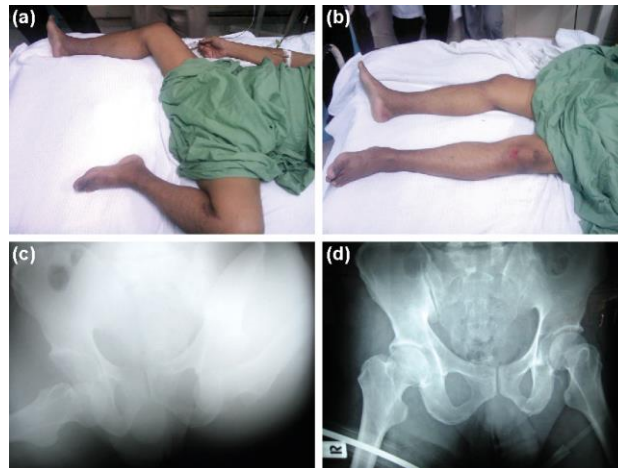
The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection 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:

- **Closed reduction of joint dislocation -Hip**

- Hip dislocations classified as **Anterior & Posterior** based on the direction of dislocation of the femoral head.
- Close reduction is the initial method of treatment, which occurs in the emergency department.
- Anterior hip dislocation is commonly reduced by in-line traction and external rotation.

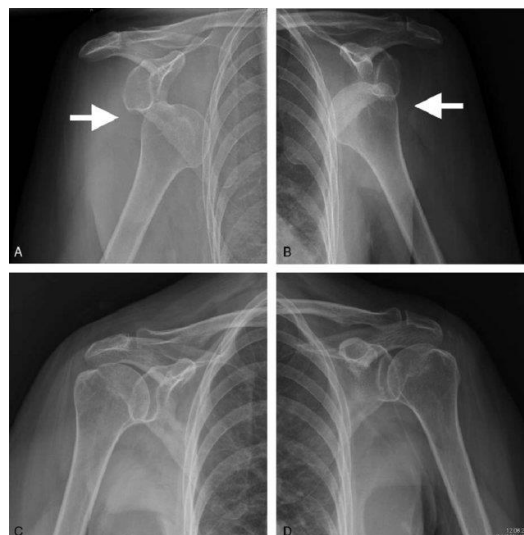


Bilateral Anterior Dislocation of hip

**Chee Kidd Chiu et al.*

- **Closed reduction of joint dislocation -Shoulder**

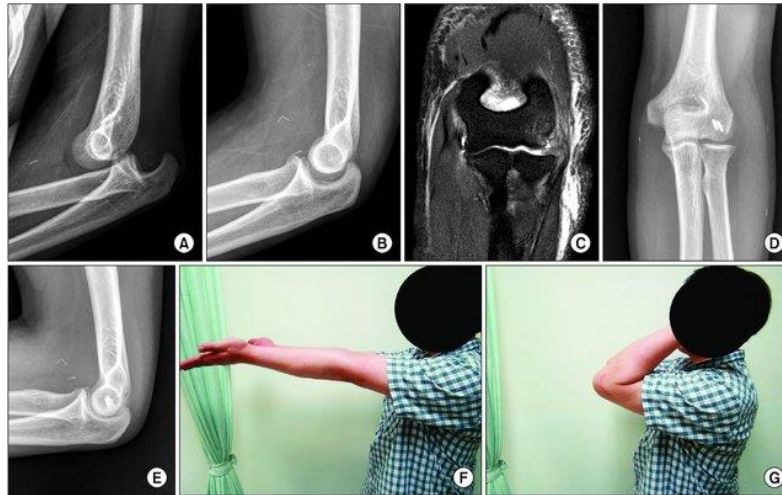
- Majority of human joint dislocations occur in the shoulder.
- Anterior shoulder dislocation is the most common type of shoulder dislocation



*Before and After Anterior shoulder dislocation- closed reduction * Kuan-Lin Chen et al.*

- **Closed reduction of joint dislocation -Elbow**

- The elbow joint is considered relatively stable; however, elbow dislocations are common occurrence.
- Semilunar notch of the ulna is dislocated posteriorly from the distal humerus.

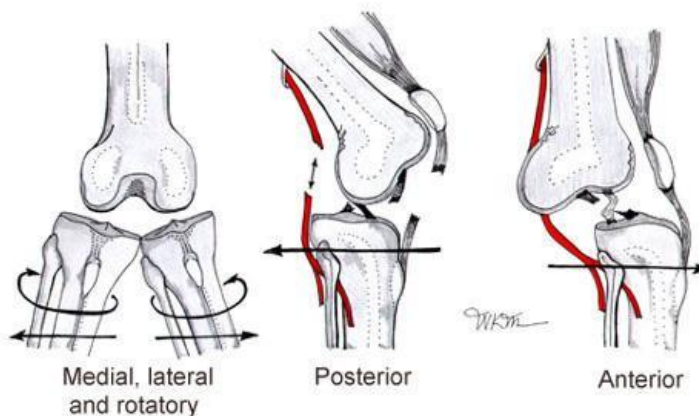


Before and after closed reduction of Elbow dislocation-

* Youn Moo Heo et al.

- **Closed reduction of joint dislocation -Knee**

- Knee dislocation is a relatively rare injury but an important one to recognize because **coexistent vascular injury**, if missed, often leads to **limb loss**.
- **Types:**
The positional classification: 5 major types of positional dislocation: medial, lateral, rotatory, posterior, and anterior.
The anatomical classification: ligamentous/anatomical involvement.
- A careful vascular examination is required.
- Time is of utmost concern, as vascular repair delayed more than 8 hours after injury carries an amputation rate of greater than 80%.



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	Closed reduction of joint dislocation
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
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
d. Post Procedure clinical photograph	Yes
e. 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	Closed reduction of joint dislocation
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the <i>Detailed Clinical notes</i> – all vitals, history signs & symptoms, physical examination including local examination, indication for procedure, advise for admission, and planned line of treatment?	Yes
b. Was clinical photograph of affected part submitted?	Yes

c. Was X-ray labelled with patient ID, date and side (Left/ Right) of affected part submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the detailed procedure / Operative Notes submitted?	Yes
c. Was Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
d. Was Post-procedure clinical photograph submitted?	Yes
e. Is the Discharge summary with follow-up advise submitted?	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. Was the clinical notes and X-ray report submitted are indicative of procedure? Yes

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

References:

1. Waddell, Bradford S., et al. "A detailed review of hip reduction maneuvers: a focus on physician safety and introduction of the Waddell technique." Orthopedic Reviews 8.1 (2016).
2. Chen, Kuan-Lin, Sen-Yung Liu, and Ta-Sen Wei. "Bilateral anterior shoulder dislocation as a result of manipulation: A case report." Medicine 96.49 (2017).
3. Cutts, Steven, Mark Prempeh, and Steven Drew. "Anterior shoulder dislocation." The Annals of The Royal College of Surgeons of England 91.1 (2009): 2-7.
4. Georgiadis, Andrew G., et al. "Changing presentation of knee dislocation and vascular injury from high-energy trauma to low-energy falls in the morbidly obese." Journal of Vascular Surgery 57.5 (2013): 1196-1203.
5. Henrichs, Andrew. "A review of knee dislocations." Journal of athletic training 39.4 (2004): 365.



6. McDonough, E. Barry, and Edward M. Wojtys. "Multiligamentous injuries of the knee and associated vascular injuries." *The American Journal of Sports Medicine* 37.1 (2009): 156-159.
7. Kennedy, J. C. "Complete dislocation of the knee joint." *JBJS* 45.5 (1963): 889-904.
8. Moatshe, Gilbert, et al. "Demographics and injuries associated with knee dislocation: a prospective review of 303 patients." *Orthopaedic journal of sports medicine* 5.5 (2017): 2325967117706521.