



Guidance document for processing PM-JAY packages

Fracture - Conservative Management - Without plaster

Procedures covered: 1

Specialty: Orthopedics/Emergency Room Packages

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Fracture - Conservative Management - Without plaster	Fracture - Conservative Management - Without plaster	New Package	SB001A	2000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 5 years' experience

Desirable: MS/DNB or Equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Fracture - Conservative Management - Without plaster**, 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 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:

Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

Fracture - Conservative Management The fracture healing involves a combination of inflammatory, vascular, anabolic and catabolic events to allow eventual return of function.



Traditional conservative management is based on three basic principles of fracture management;

- Reduction of fracture,
- Holding the fracture reduced and keeping it reduced in a supported environment (**cast or splint**) till the fracture heals.
- Close reduction, repositioning of the bone fragments, wound closure (if applicable), and with or without application of a cast/ splint/plaster.
- Shown good results in a variety of fractures particularly in upper limb injuries.

Ergonomic management of fracture to resume the function of affected part as early as possible.

Accurate manipulative reduction, splinting and extension is a fine art which is not to be replaced by the scalpel, bone plate or bone clamp.

Indications:

- Healing time depends on the location of the fracture, standard time period for cast immobilization is six weeks.
- Pediatric fractures are generally much more tolerant of conservative management,
- Closed reduction is needed if the fracture is significantly displaced or angulated.

Management:

- Conservative management of fractures consists of a closed reduction if required, followed by a period of immobilization with casting or splinting.
- **Casts** are supportive devices used to help keep an injured bone in place while it heals. Closed reduction should be performed initially for any fracture that is displaced, shortened, or angulated.
- **Splints** usually considered as half casts; they are less supportive, less restrictive version of a cast.
- Types of Casts: Below elbow cast, Scaphoid/Thumb spica cast, Below knee cast,
- Types of Bandage: Gilchrist bandage, Desault bandage, clavicle bandage, imbricated bandage.
- Types of Sling: Gilsson sling etc.
- Types of splints: SAM splint etc.

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	Fracture - Conservative Management
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. X-ray of affected part labelled with patient ID, date and side (Left/ Right)	Yes
ii. At the time of claim submission	
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. Detailed Discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:

- Was the clinical notes with planned line of treatment and X-ray submitted are indicative of procedure? Yes

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

References:

- Iyengar, Karthikeyan, Abhishek Vaish, and Raju Vaishya. "Revisiting conservative orthopaedic management of fractures during COVID-19 pandemic." *Journal of Clinical Orthopaedics and Trauma* (2020).
- McManus, John G., et al. "Use of ultrasound to assess acute fracture reduction in emergency care settings." *American journal of disaster medicine* 3.4 (2008): 241-247.
- STERN, WALTER G. "THE CONSERVATIVE TREATMENT OF THE BONE INJURY IN COMPOUND FRACTURES." *Journal of the American Medical Association* 83.24 (1924): 1908-1913.