



Guidance document for processing PM-JAY packages

Fracture Condyle - Humerus – Open reduction and internal fixation (ORIF)

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Fracture Condyle - Humerus ORIF	Lateral Condyle	S500057	SB015A	8,500 + Price of Implant
Fracture Condyle - Humerus - ORIF	Medial Condyle	S500057	SB015B	8,500 + Price of Implant

ALOS: 3 days

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 Condyle - Humerus - ORIF** 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:

Fracture Condyle - Humerus - ORIF: Open reduction internal fixation of Humerus lateral condyle

- Most displaced distal humeral fractures, including lateral unicondylar distal humeral fractures can be effectively managed with open reduction and internal fixation.
- Fixation can be achieved using pins, headless screws, lag screws, locking compression plates, or dynamic compression plates to allow for early range of motion.

Open reduction internal fixation of Humerus Medial condyle:

- An elbow dislocation in a skeletally immature patient to be associated with a medial epicondylar fracture.
- The fractured fragment is usually displaced distally due to these soft-tissue attachments
- The common origin of wrist flexors and medial collateral ligament attachments exert traction forces on the medial epicondyle.
- Medial epicondyle fractures may be managed non-operatively with good or excellent functional results, even when healed with fibrous union

Indications: Incarceration of the epicondylar fragment in the elbow joint, suspected entrapment and dysfunction of the ulnar nerve, marked instability, open fracture.

Diagnosis: The diagnosis can be difficult both radiologically and clinically, with loss of function occurring, due to extension into the articular surface. Pre and post-operative Radiographs.

Management:

- Identify and protect the ulnar nerve.
- The surgeon Opens the fracture site by gently retracting the fragment anteriorly.
- Cleaning the fracture site and removing blood clots, loose pieces of bone or interposed tissue.
- Open Reduction: Realign the fracture and hold reduced with a small hook.
- Provisional fixation: by screws, Insertion of K-wires,
- Drilling and definitive fixation
- Post-surgical immobilization

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 Condyle - Humerus - ORIF
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 labelled with patient ID, date and side (Left/ Right) – confirming the diagnosis	Yes
c. Clinical photograph of affected part	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) –Showing implant	Yes
c. Post procedure clinical photograph	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Invoice or barcode of Implant used (optional)	Yes
f. 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 and imaging indicative of procedure? Yes

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

References:

- Kamath, Atul F., Stephanie R. Cody, and Harish S. Hosalkar. "Open reduction of medial epicondyle fractures: operative tips for technical ease." Journal of children's orthopaedics 3.4 (2009): 331-336.
- von Keudell, Arvind, et al. "Open Reduction and Internal Fixation for Lateral Unicondylar Distal Humeral Fractures." JBJS essential surgical techniques 7.2 (2017).
- <https://surgeryreference.aofoundation.org/orthopedic-trauma/adult-trauma/distal-humerus/extraarticular-avulsion-of-medial-epicondyle/orif-screw-fixation>