



Guidance document for processing PM-JAY packages

Fracture Neck Femur and Hemiarthroplasty

Procedures covered: 6

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Fracture - Neck Femur	Closed Reduction and Percutaneous Screw Fixation	S500031	SB019A	10,000 + Cost of Implant	2
Fracture - Neck Femur	Intertrochanteric Fracture with Dynamic Hip Screw	S500048	SB019B	15,800 + Cost of Implant	5
Fracture - Neck Femur	Intertrochanteric Fracture with Proximal Femoral Nail	S500048	SB019C	16,100 + Cost of Implant	5
Hemiarthroplasty	Unipolar	S500095	SB031A	15,000 + Cost of Implant	5
Hemiarthroplasty	Bipolar (Non - Modular)	S500094	SB031B	15,000 + Cost of Implant	7
Hemiarthroplasty	Bipolar (Modular)	S500094	SB031C	15,000 + Cost of Implant	7

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 - Neck Femur / Hemiarthroplasty** 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:

- Common injuries, especially seen in elderly in the emergency settings, also in young patients in sports or high energy trauma.
- Femoral neck fractures associated with multiple injuries and high rates of avascular necrosis and nonunion.
- There are many femoral neck fractures and the most common classification is by **Gardena**

- Type I: Incomplete fracture - valgus impacted-nondisplaced
- Type II: Complete fracture - nondisplaced
- Type III: Complete fracture - partial displaced
- Type IV: Complete fracture - fully displaced

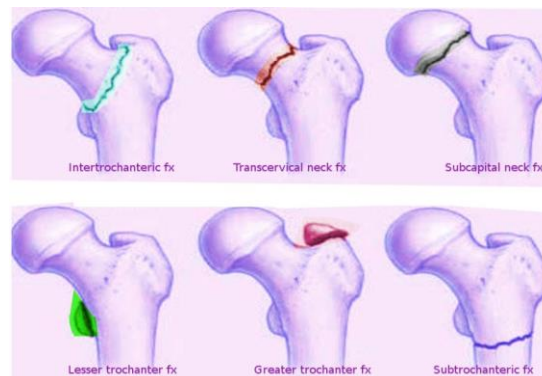
- **Pauwel:** Type I less than 30 degrees, Type II 30-50 degrees, Type III greater than 50 degrees

Treatment options:

- Non operative and operative options.
- Non-displaced fractures are treated with typically with percutaneous cannulated screws or a sliding hip screw.
- With displaced fractures of the femoral neck:
 - Less active individuals may receive a hemiarthroplasty.
 - More active individuals are treated with total hip arthroplasty.



Garden I femoral neck fracture



Types of Femoral neck fractures¹

Hemiarthroplasty

- Involves replacement of the articular surface of the femoral head without surgical alteration to the acetabular articular surface.
 - Replacement of the femoral head and neck (**unipolar hemiarthroplasty**),

¹ Femoral neck fracture. Image courtesy S Bhimji MD

- Replacement of the femoral head and neck with an additional acetabular cup that is not attached to the pelvis (**bipolar hemiarthroplasty**),
- Replacement of the surface of the femoral head (**resurfacing hemiarthroplasty**)



Bipolar hemiarthroplasty.



Unipolar hemiarthroplasty



Resurfacing hemiarthroplasty

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 Neck Femur / Hemiarthroplasty
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/CT (Hemiarthroplasty) labelled with patient ID, date and side (Left/ Right) 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) affected	Yes
d. Invoice and bar code of Implant	Yes
e. Post Procedure clinical photograph	Yes
f. Discharge summary with follow-up advise at the time of discharge	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	Fracture Neck Femur/ Hemiarthroplasty
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission submitted?	Yes
b. Clinical photograph of affected part submitted?	Yes
c. X-ray/CT (Hemiarthroplasty), 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 detailed Indoor case papers (ICPs) submitted?	Yes
b. Procedure / operation notes submitted?	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) affected part submitted?	Yes
d. Is the Invoice/barcode of Implant used submitted?	Yes
e. Post Procedure clinical photograph submitted?	Yes
f. Is there a Discharge summary with follow-up advise at the time of discharge 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 imaging report are indicative of surgery? Yes

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

References:

1. Kazley, Jillian, and Kaushik Bagchi. "Femoral neck fractures." StatPearls [Internet]. StatPearls Publishing, 2020.
2. Konetsky, Michael, Joseph Miller, and Courtney Tripp. "Femoral neck stress fracture." Journal of Orthopaedic & Sports Physical Therapy 43.4 (2013): 275-275.
3. Derias, Mina, Muhammad A. Khan, and Jamie Buchanan. "Digital templating without a calibration marker is accurate at predicting implant size for hip hemiarthroplasty." European Journal of Trauma and Emergency Surgery 46.1 (2020): 115-120.
4. Khan, A. M., M. Rafferty, and J. S. Daurka. "Hemiarthroplasty compared with total hip arthroplasty in fractured neck of femur: a shift in national practice?." The Annals of The Royal College of Surgeons of England 101.2 (2019): 86-92.