



Guidance document for processing PM-JAY packages

Nerve Repair Surgery, Exploration and Ulnar nerve Repair, Nerve root block

Procedures covered: 3

Specialty: Orthopedics, Neurosurgery (Nerve root block)

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (In days)
Nerve Repair Surgery	Nerve Repair Surgery	S500062	SB067A	13,800	4
Nerve root block	Nerve root block	New Package	SB068A	3,000	1
Exploration and Ulnar nerve Repair	Exploration and Ulnar nerve Repair	S500040	SB069A	9,800	4

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in Orthopedics), MCh/DNB/Equivalent (in Neurosurgery), MCh/DNB/Equivalent (in Plastic surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Nerve Repair Surgery/Exploration and Ulnar nerve Repair /Nerve root block** 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:

Nerve Repair Surgery: Are more common in upper and lower extremities.

- Usually with blunt Injuries, falls, traction injuries, motor vehicle accidents, sharp trauma, direct cut from a knife that requires surgical reconstruction.
- Symptoms of nerve injury: Sensory and motor function defects that can result in complete paralysis of the affected limb or development of intractable neuropathic pain

Diagnosis: Nerve conduction studies (NCS) and electromyograms (EMG) but immediately after the injury these diagnostic tests may not reveal the nerve injury damage, Diagnosis still relies on clinical examination and/or surgical exploration.

Management: Surgical nerve repair involves exploration of the injured nerve and removal of injured tissue or scar from the nerve endings. Procedures also involved in the repair includes; alignment of the fascicles, Nerve grafting, conduit, donated nerve tissues.

Exploration and Ulnar nerve Repair:

- The ulnar nerve in particular is a mixed motor and sensory nerve, with a long distance to travel to its end motor targets in the hand, because of that the nerve lesions often have a poor prognosis.
- Ulnar nerve conditions in children can be largely grouped into compression (direct or due to mass effect) and trauma (fracture or directly to the nerve). Primary nerve tumors are uncommon.
- **Indications:**
 - Injuries, Fractures, Ulnar Pediatric Nerve Tumors, Congenital abnormalities, Functional loss,
 - **Ulnar nerve subluxation:** Symptomatic cases needs treatment similar to that of cubital tunnel syndrome.
 - **Ulnar Nerve Compression:** The ulnar nerve can be subject to compression at several sites along its course
- Complete high ulnar nerve injury usually causes severe sequelae, such as residual sensation, loss of movement, and “claw hand” deformity, and affects fine manipulation of the hand.
- The most common causes of trauma to the ulnar nerve in children involve fractures around the elbow and their treatment, namely, supracondylar humerus and medial epicondylar fractures.
- The ulnar nerve can also be subject to compression syndromes in children, primarily at the elbow.
- Direct trauma to the ulnar nerve can be watched if the nerve is in continuity or repaired or grafted if the nerve has been severed or ruptured.
- **Diagnosis:** Physical examination and sensory functions/signs. Nerve Conduction Studies,
- **Management:** Ulnar Nerve repair surgery consists
 - Exploration of the ulnar nerve,

- Primary repair: Viable nerve ends, Accurate fascicular alignment, few stitches, minimal tension etc.
- Tendon transfer, functional free muscle transfers
- Ulnar Nerve transfers
- Distal nerve transfer from the median nerve
- Nerve graft: Autografts, allografts, conduits.

Nerve root block

Performed for continuous leg pain, if the pathology is not severe then the nerve root block has a very good outcome. Moderate stenosis, facile cyst causing unilateral radiculopathy.

A nerve root block (or a facet block) is the placement of a needle and injection of a combination of local anesthetic and steroid into the sheath surrounding a nerve root in the spine. A nerve root block may be

- Diagnostic: Discography
- Diagnostic & therapeutic: Radicular pain (Epidural steroid injection-Transforaminal inter laminar caudal) and Axial pain (Facet joint injection)

Local anesthetics (Diagnostic par block), Steroids (Epidural steroid injection), Dye (Discography) are the assorted injections usually used in Nerve root procedure based on the objective.

In recent years, ultrasound (US)-guided nerve blocks have gained attention as it offers several advantages than those performed with fluoroscopy or CT.

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 Repair Surgery	Nerve root block	Exploration and Ulnar nerve Repair
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	Yes	Yes
b. MRI / EMG/ NCV report to confirm the diagnosis	Yes	No	No
c. X-ray of affected part labelled with patient ID, date and side (Left/ Right)	No	Yes	No
d. Radiological investigations confirming the need of surgery; +/- NCV report	No	No	Yes

ii. At the time of claim submission			
a. Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
b. Post Procedure clinical photograph	Yes	Yes	Yes
c. Detailed procedure / Operative Notes	Yes	Yes	Yes
d. Discharge summary with follow-up advise at the time of discharge	Yes	Yes	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 reports submitted are indicative of surgery? Yes

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

References:

- <https://thejns.org/view/journals/j-neurosurg/130/3/article-p675.xml>
- Grinsell, D., and C. P. Keating. "Peripheral nerve reconstruction after injury: a review of clinical and experimental therapies." BioMed research international 2014 (2014).
- Angela Wang. "Ulnar Nerve Injury" Department of Orthopaedic Surgery, The Pediatric Upper Extremity DOI 10.1007/978-1-4614-8758-6_24-1. 2014.
- Semaya, Ahmed. "Reconstruction of high ulnar nerve lesions by distal double neurotization using motor and sensory branches from the median nerve." The Egyptian Orthopaedic Journal 50.2 (2015): 122.
- Singh, Sudhir, et al. "Selective nerve root blocks vs. caudal epidural injection for single level prolapsed lumbar intervertebral disc—A prospective randomized study." journal of clinical orthopaedics and trauma 8.2 (2017): 142-147.