

## Guidance document for processing PM-JAY packages

### Percutaneous -Fixation of Fracture-Elastic nailing for fracture fixation

Procedures covered: 4

Specialty: Orthopedics

| Package name                          | Procedure name                      | HBP 1.0 code                                | HBP 2.0 code | Package price (INR)      |
|---------------------------------------|-------------------------------------|---|--------------|--------------------------|
| Percutaneous - Fixation of Fracture   | Percutaneous - Fixation of Fracture | S500030, S500032, S500033, S500064, S500073 | SB006A       | 3,000 + Cost of Implant  |
| Elastic nailing for fracture fixation | Femur                               | New Package                                 | SB007A       | 11,000 + Cost of Implant |
| Elastic nailing for fracture fixation | Humerus                             | New Package                                 | SB007B       | 11,000+ Cost of Implant  |
| Elastic nailing for fracture fixation | Forearm                             | New Package                                 | SB007C       | 11,000 + Cost of Implant |

**ALOS:** 4 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 **Percutaneous - Fixation of Fracture / Elastic nailing for fracture fixation** 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.

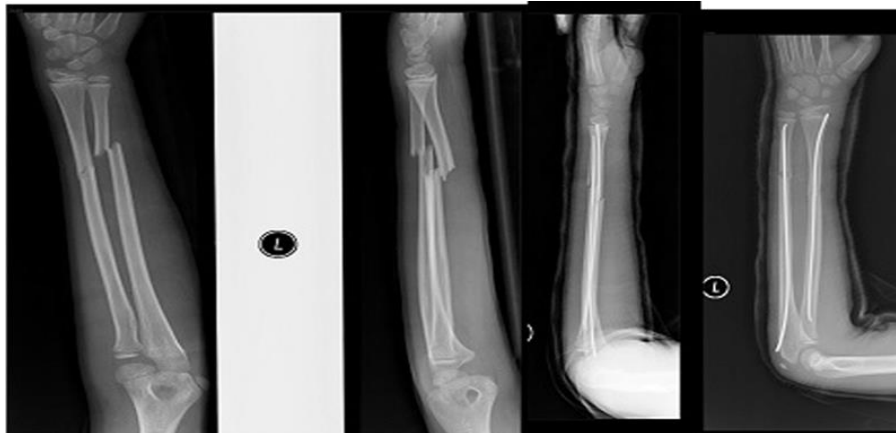
##### **1.2 Clinical key pointers:**

## Indications:

- **The percutaneous technique**
  - Is recommended for non-displaced or slightly displaced fractures, and in obese, osteoporotic and elderly patients who cannot receive total joint arthroplasty.
  - is associated with fewer complications than open techniques
  - Intramedullary cannulated screws are used.
  - Fracture reductions are achieved by manual traction of the affected bones
- **Elastic nailing for fracture fixation -Femur, Humerus, Forearm:**
  - Elastic intra-medullary nailing of femoral shaft fractures has been a routine procedure.
  - The use of elastic nails allows stable fixation of the fracture with minimal soft tissue dissection and avoids the risk of avascular necrosis of the femoral head and damage to the growth plates.
  - The two modalities of internal fixation in fracture shaft of humerus are plate osteosynthesis and intramedullary nailing.



Pre op, post op and follow up Elastic nailing of Fracture fixation of Humerus



Fractures of radius and ulna before and after the elastic nail fixation \*El Naggar (2016)

### 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   | Percutaneous - Fixation of Fracture / Elastic nailing for fracture fixation |
|--|---|
| <b>i. At the time of Pre-authorization</b>   |   |
| a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure. | Yes   |
| b. Clinical photograph of affected part  | Yes   |
| c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part  | Yes   |
| <b>ii. At the time of claim submission</b>   |   |
| a. Detailed Indoor case papers   | Yes   |
| b. Detailed procedure / operation notes  | Yes   |
| c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected part  | Yes   |
| d. Invoice/barcode of Implant used(optional)?  | Yes   |
| e. Post Procedure clinical photograph(Optional)  | Yes   |
| f. 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:**

| <b>Mandatory document</b>  | <b>Percutaneous - Fixation of Fracture / Elastic nailing for fracture fixation</b> |
|--|--|
| <b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>                                    |  |
| a. Were the Clinical notes, detailing signs, symptoms, examination findings, planned line of treatment & advise for admission submitted? | Yes  |
| b. Clinical photograph of affected part submitted?   | Yes  |
| c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part submitted?   | Yes  |
| <b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>  |  |
| a. Are the detailed Indoor case papers (ICPs) submitted?   | Yes  |
| b. Are the detailed procedure / operative Notes submitted?   | Yes  |
| c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part submitted?                                | Yes  |
| d. Was the invoice or barcode (optional) of Implant used submitted?  | Yes  |
| e. Post Procedure clinical photograph submitted? Optional)   | Yes  |
| f. 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 the procedure?

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

**References:**



1. Bhaskar, Atul. "Treatment of long bone fractures in children by flexible titanium elastic nails." Indian J Orthop 39.3 (2005): 166-168.
2. Bar-On, E., S. Sagiv, and S. Porat. "External fixation or flexible intramedullary nailing for femoral shaft fractures in children: a prospective, randomised study." The Journal of bone and joint surgery. British volume 79.6 (1997): 975-978.
3. Saikia, K. C., et al. "Titanium elastic nailing in femoral diaphyseal fractures of children in 6-16 years of age." Indian journal of orthopaedics 41.4 (2007): 381.
4. El Naggar, Ahmed, and Molham M. Mohammad. "Closed reduction and Nancy nail fixation for forearm fractures in children." The Egyptian Orthopaedic Journal 51.4 (2016): 347.