



Guidance document for processing PM-JAY packages

Surgery for Comminuted Fracture - Olecranon of Ulna / Fracture Head radius / Fracture intercondylar Humerus + olecranon osteotomy

Procedures covered: 4

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Surgery for Comminuted Fracture - Olecranon of Ulna	Plating	S500050	SB011A	11,800 + Cost of Implant	3
Fracture Head radius	Fixation	S500086	SB012A	10,000 + Cost of Implant	4
Fracture Head radius	Excision	S500054	SB012B	9,200	3
Fracture intercondylar Humerus + olecranon osteotomy	Fracture intercondylar Humerus + olecranon osteotomy	S500088	SB016A	15,100 + Cost of Implant	5

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 **Surgery for Comminuted Fracture - Olecranon of Ulna / Fracture Head radius / Fracture intercondylar Humerus + olecranon osteotomy** 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.

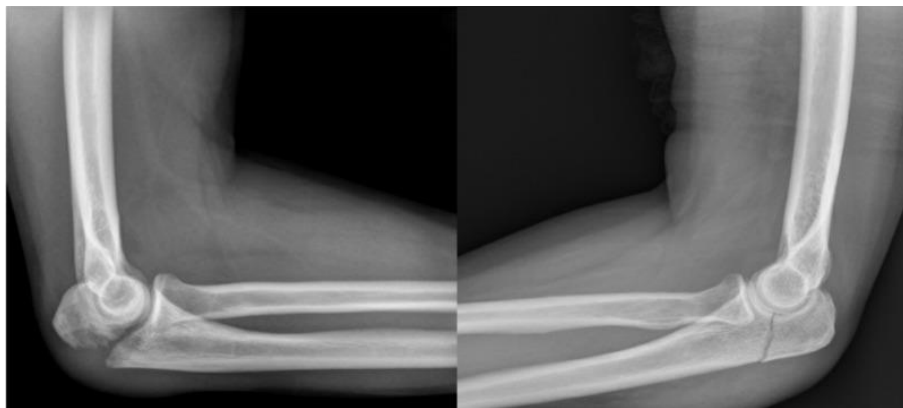
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

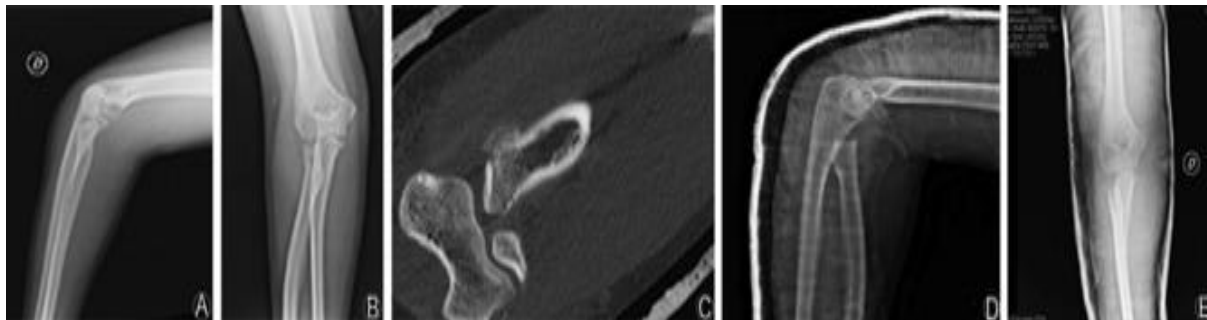
Indications:

Comminuted Fracture - Olecranon of Ulna, Head radius and intercondylar Humerus + olecranon osteotomy

- The comminuted fractures of **Olecranon of Ulna** are relatively common injuries in adults.
- These injuries are frequently associated with concomitant elbow injuries, most frequently to the radial head and coronoid.
- Based on fracture comminution, displacement, and stability of the ulna-humeral joint, there are three types of fractures:
 - Type I fractures are nondisplaced.
 - Type II fractures are displaced at least 3mm
 - Type III injuries the fracture is displaced, and the ulna-humeral joint is unstable.
- **Excision** of the fracture fragment and reattachment of the triceps tendon
- **Fixation** of an olecranon fracture is indicated if there is extensor mechanism weakness, intra-articular displacement or instability of the ulnahumeral joint.
- **Plate and screw** fixation in unstable fracture with significant comminution or a fracture line exiting distal to the semilunar notch and fracture-dislocations



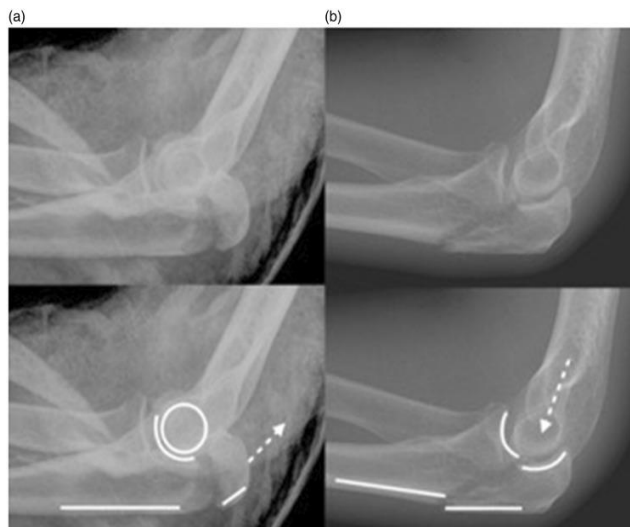
Olecranon fracture *Dr S. Connor MD



A radial head excision * Georgios Touloupakis (2017)



Comminuted fracture fixation * Xiao Chen (2011)



A typical transverse olecranon fracture *Joideep Phadnis et.al (2017)

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	Plating, Fixation, Fracture intercondylar Humerus + olecranon osteotomy	Excision
i. At the time of Pre-authorization		
a. Clinical notes including evaluation findings and planned line of treatment	Yes	Yes
b. Clinical photograph of affected part	Yes	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes	Yes
ii. At the time of claim submission		
a. Indoor case papers	Yes	Yes
b. Procedure / operation notes	Yes	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes	Yes
d. Invoice and barcode of implant	Yes	No
e. Post Procedure clinical photograph	Yes	Yes
f. Discharge Summary	Yes	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	Plating, Fracture Humerus + osteotomy & Excision	Fixation, intercondylar + olecranon	Excision
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)			
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes		Yes
b. Was Clinical photograph of affected part submitted?	Yes		Yes
c. Is X-ray labelled with patient ID, date and side (Left/ Right) affected parts submitted?	Yes		Yes
ii. At the time of claim processing- For claims processing doctor (CPD)			
a. Are the detailed Indoor case papers submitted?	Yes		Yes
b. Are the Procedure / operation notes submitted?	Yes		Yes
c. Was post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part submitted?	Yes		Yes
d. Invoice/barcode of implant submitted?	Yes		No
e. Was post Procedure clinical photograph submitted?	Yes		Yes
f. Is the Discharge summary with follow-up advise at the time of discharge?	Yes		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 presentation, X ray report indicative of procedure? Yes

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

References:

1. Duckworth, Andrew D., et al. "The epidemiology of fractures of the proximal ulna." Injury 43.3 (2012): 343-346.
2. Phadnis, Joideep, and Adam C. Watts. "Tension band suture fixation for olecranon fractures." Shoulder & Elbow 9.4 (2017): 299-303.
3. Morrey, B. F. "Current concepts in the treatment of fractures of the radial head, the olecranon, and the coronoid." JBJS 77.2 (1995): 316-327.
4. Baecher, Nicolai, and Scott Edwards. "Olecranon fractures." The Journal of hand surgery 38.3 (2013): 593-604.