



Guidance document for processing PM-JAY packages

Core Decompression

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP code 2.0	HBP 2.1 code	Package price (INR)	ALOS (In days)
Core Decompression	Core Decompression	New Package	SB072A	10,000	6

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 10 years of experience

Desirable: MS/ DNB/Equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: Secondary care Surgical facility

Disclaimer:

For monitoring and administering the claim management process of **Core Decompression** 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:

Core Decompression: Usually referred as the removal of a single core of bone from the avascular segment of the femoral head. There are other available treatments includes conservative treatment i.e. a period of protected weight bearing with crutches.

Usually Osteonecrosis of femoral head associated with wide range of diseases such as risk factors include corticosteroid use, excessive alcohol intake, radiation therapy, chemotherapy,

renal transplant recipients, systemic lupus erythematosus, human immunodeficiency virus infection, and sickle cell disease.

- Core decompression provided more predictable pain relief and changed the indications for further surgical intervention

Indications:

- In Avascular Necrosis/Osteonecrosis of head of femur
- Effective for pain control.
- Helps in improving circulation by decreasing intramedullary pressure and preventing further ischemia and progressive joint destruction.
- This procedure considered to be best suited for the stage 1 and early stage 2 hip joint in which pain relief and preservation of the femoral head are relatively predictable (>70%).

Procedure/Management: Operative notes include: Preparation for Implant removal surgery: What needs to be removed, why does the implant need removal, when was it implanted, where is the implant located, Is the implant broken, what is the surgical plan.

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	Core Decompression
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. MRI report labelled with patient ID, date.	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post op X-ray with film showing fusion with patient ID, date and side (Left/ Right).	Yes
c. Detailed procedure / operative notes	Yes
d. Detailed 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:

Mandatory document	Core Decompression
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Were the Clinical notes, detailing signs, symptoms, examination findings, planned line of treatment & advise for admission submitted?	Yes
b. MRI Report labelled with patient ID, date submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are detailed indoor case papers (ICPs) submitted?	Yes
b. Was Post op X-ray with film showing fusion with patient ID, date and side (Left/ Right) confirm the removal of Implant?	Yes
c. Are the detailed procedure / operative notes submitted?	Yes
d. Is there a detailed discharge summary 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 MRI report submitted indicative of procedure? Yes

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

References:



1. Castro, F. P., and R. L. Barrack. "Core decompression and conservative treatment for avascular necrosis of the femoral head: a meta-analysis." *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]*. Centre for Reviews and Dissemination (UK), 2000.
2. Kapadia, Bhavleen H., et al. "Principles of core decompression for osteonecrosis of the hip." *Osteonecrosis*. Springer, Berlin, Heidelberg, 2014. 279-284.
3. <https://emedicine.medscape.com/article/333364-treatment#d7>