

Guidance document for processing PM-JAY packages

Application of POP casts – POP Slab

Procedures covered: 2

Specialty: Orthopedics

| Package Name | Procedure Name | HBP 2.0 code | HBP 2022 | Package Price (INR) | | |
|--------------------------|----------------|--------------|---------------------------|---------------------|-----------|-----------|
| | | | | Tier 3(Z) | Tier 2(Y) | Tier 1(X) |
| Application of POP casts | POP Slab | New Package | SB076B | 2200/- | 2600/- | 2800/- |
| Application of Traction | POP Slab | New Package | SB076A | 2000/- | 2400/- | 2500/- |
| | | | + Cost of the POP bandage | | | |

ALOS: Daycare

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 5 years of 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 Application of POP cast-POP slab 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 patients and decide referral of cases to the appropriate level of care (as required) for treatment of patient 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:

POP Slabs are used to immobilise and hold reductions in the management of adult and pediatric fractures. In this only a part of circumference of limb is incorporated.

Indication: Adult or pediatric fracture

Diagnosis: X-ray can be used to confirm the diagnosis.

Management:

- POP slab is prepared by unrolling plaster bandage to a required length or by withdrawing the required length of layers from a plaster dispenser. This may be done with either wet or dry bandages which are folded out on a smooth surface.
- Average thickness of slabs for strengthening is 12-16 layers. The thickness might be adjusted from patient to patient.
- Short ends should be discarded because they cannot be held securely when the slab is immersed in water. The slab can be prepared in any width, depending on the needs of the situation.
- Slabs must be smoothed carefully on a flat surface after they have been soaked.
- Plaster of Paris slab become supportive in three to five minutes, depending on the water temperature and the thickness.

1.3 Mandatory documents-For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claim submission:

| Mandatory Documents | Application of POP casts– POP slab |
|---|------------------------------------|
| i. At the time of pre-authorization | |
| a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure. | Yes |
| b. X-ray labelled with patient ID, date and side (Left/Right)- confirming the diagnosis | Yes |
| ii. At the time of claim submission | |
| a. Post procedure imaging study (Xray) | Yes |

| | |
|--------------------------------------|-----|
| b. Detailed procedure/operative note | 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/investigations reports etc., in deciding the admissibility and quantum of claims 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 documents | Application of POP casts – POP Slab |
|--|-------------------------------------|
| i. At the time of pre-authorization processing for pre authorization processing doctor (PPD) | |
| Were clinical notes with history, signs, symptoms, evaluation findings and indication for procedure submitted? | Yes |
| X-ray labelled with patient ID, date and side (Left/Right)- confirming the diagnosis submitted? | Yes |
| ii. At the time of claim submission- For claims processing doctor (CPD) | |
| Post procedure imaging study (Xray) submitted? | Yes |
| Detailed procedure/operative note submitted? | Yes |

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanism/rule engines with the IT platform (TMS) to ensure compliance with STGs and to prevent fraud/abuse of the health benefit packages.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop ups:

1. At the time of pre-authorization processing for pre authorization processing doctor (PPD)

Were the clinical notes and x-ray report submitted are indicative of procedure? Yes

2. At the time of claim submission- For claims processing doctor (CPD)

Were the clinical notes and x-ray report submitted are indicative of procedure being done?
Yes

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

References:

1. Sharma, H, Prabu,D. Plaster of Paris: Past, Present and Future. Clinical orthopedics and trauma 4, 3 (2013).
2. Chow J, Hsu S, Kwok D, Reagh J. Application techniques for plaster of paris back slab, resting splint, and thumb spica using ridged reinforcement. J Emerg Nurs. 2013 Sep;39(5):e79-81.