

## Guidance document for processing PM-JAY packages

### Application of traction – Crutchfield tong cervical spine traction

**Procedures covered:** 1

**Specialty:** Orthopedics

Package Name	Procedure Name	HBP 2022 code	Package Price (INR)		
			Tier 3(Z)	Tier 2(Y)	Tier 3(X)
Application of traction	Crutchfield tong cervical spine traction	SB075B	5000/-	5900/-	6300/-

**ALOS:** 3 days (Follow up to be done for 2-3 weeks)

**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 traction- Crutchfield tong cervical spine traction 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:

Crutchfield tong if attached to the skull to hyperextend the head and neck of the patient with fractured cervical vertebrae and to immobilize and align the vertebrae.

**Indication:** Fracture of the cervical vertebrae.

**Diagnosis:** A CT scan or X-ray can be used to confirm the diagnosis.

### Management:

- The tips of the tongs are inserted into small burr holes drilled in each parietal bone of the skull
- The surrounding skin is sutured and covered with dressing.
- A rope tied to the center of the tongs passes over a pulley at the head of the bed and is attached to a weight of 10 to 20 pounds, which hangs freely.
- The patient is immobilised.
- The insertion sites of the tongs are inspected and cleaned every 1 to 2 hours; any formed crusts are removed with hydrogen peroxide or normal saline twice a day or as required.
- Post traction X rays are taken regularly plus tightening of crutchfield tong and adjustment of traction is required regularly based on type of reduction achieved on post traction Xrays.

## 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 traction – Crutchfield tong cervical spine traction
<b>i. At the time of pre-authorization</b>	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. X-ray labelled with patient ID, date and side (Left/Right)- confirming the diagnosis/MRI/CT	Yes
<b>ii. At the time of claim submission</b>	

a. Post procedure imaging study (Xray)	Yes
b. Detailed procedure/operative note	Yes
c. Invoice/barcode of implant	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:**

<b>Mandatory documents</b>	<b>Application of traction – Crutchfield tong cervical spine traction</b>
<b>i. At the time of pre-authorization processing for pre authorization processing doctor (PPD)</b>	
Were clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission submitted?	Yes
X-ray labelled with patient ID, date and side (Left/Right)-/MRI/CT confirming the diagnosis submitted?	Yes
<b>ii. At the time of claim submission- For claims processing doctor (CPD)</b>	
Post procedure imaging study (Xray) submitted?	Yes
Detailed procedure/operative note submitted?	Yes
Was the invoice/barcode of implant 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:**

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

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

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

1. 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. Adeolu, A.A., Ukachukwu, AE.K., Adeolu, J.O. et al. Clinical outcome of closed reduction of cervical spine injuries in a cohort of Nigerians. Spinal Cord Ser Cases 5, 17 (2019).
2. Ahmed, W.A., Naidoo, A. & Belci, M. Rapid incremental closed traction reduction of cervical facet fracture dislocation: the Stoke Mandeville experience. Spinal Cord Ser Cases 4, 86 (2018)