

Guidance document for processing PM-JAY packages

Fracture condyle Humerus ORIF – ORIF with screw of proximal humerus

Procedures covered: 1

Specialty: Orthopedics

Package Name	Procedure Name	HBP 2.0 code	HBP 2022	Package Price (INR)		
				Tier 3(Z)	Tier 2(Y)	Tier 1(X)
Fracture Condyle Humerus ORIF	ORIF with screw of proximal humerus	New package	SB078A	8500/-	10000/-	10700/-
				+ Cost of the implant/prosthesis		

ALOS: 3 days

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 Fracture condyle humerus-ORIF – ORIF with screw of proximal humerus. 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:

Open Reduction Internal Fixation (ORIF) of proximal humerus involves the implementation of implants to guide the healing process of a bone, as well as the open reduction, or setting, of the bone.

Indication: Proximal humerus fracture

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

Management:

- It involves fixation of screws and/or plates to enable or facilitate healing.
- Rigid fixation prevents micro-motion across lines of fracture to enable healing and prevent infection when plates are used.
- It is often used in cases involving serious fractures such as comminuted or displaced fractures or, in cases where the bone otherwise would not heal correctly with casting or splinting alone.
- In a humerus fracture it is important to restore axial alignment and rotation.
- Anatomic reduction and internal fixation follow the principle of reducing the numbers of fragments from 4 to 3, 3 to 2 and 2 to 1 starting distally. Alternatively, a bridging technique may be used.
- If the fragments are big enough and the fracture planes are suitable, the fragments may be reduced and held with lag screws or cerclage.

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	Fracture condyle Humerus ORIF – ORIF with screw of proximal humerus
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
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:

Mandatory documents	Fracture condyle Humerus ORIF – ORIF with screw of proximal humerus
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
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. Xavier A. Duralde, Lee R. Leddy. The results of ORIF of displaced unstable proximal humeral fractures using a locking plate, Journal of Shoulder and Elbow Surgery, Volume 19, Issue 4, 2010.
2. Eric T. Ricchetti, William J. Warrender, Joseph A. Abboud, Use of locking plates in the treatment of proximal humerus fractures, Journal of Shoulder and Elbow Surgery, Volume 19, Issue 2, Supplement, 2010.