



Guidance document for processing PM-JAY packages

Bone grafting for non-union

Procedures covered: 1

Specialty: Orthopedics

Package Name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price
Bone grafting for non-union	Bone grafting for non-union	S500068	SB023A	10,000

ALOS: 3 days

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 10 years of experience

Desirable: MS/DNB in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Bone grafting for non-union** 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:

- A nonunion has also been defined as a fracture not radiographically healed by 6 months (FDA) or as a fracture that has not displayed progression of healing over a 3-month period.
- In evaluating a nonunion, the presence of infection must be ruled out.
- The patient's clinical history, laboratory findings, and radiographic evaluation are important.

- The quality and rate of fracture healing may also be affected by hypo vascularity (due to the injury or the surgical insult) and by poor stabilization.
- Patient factors such as smoking, use of nonsteroidal anti-inflammatory drugs, malnutrition, and systemic illness also contribute to the incidence of nonunion.
- Autogenous bone grafting is often performed in Orthopedic surgery for a variety of conditions, including the repair of nonunion.
- Bone grafts can be divided into
 1. Allografts and autografts and
 2. Cortical or cancellous bone grafts;
 both types of a nonunion need to be supplemented with cancellous bone graft to increase the rate of success.
- Simple X-ray helps to evaluate the characteristics of a non-union: anatomic location, healing effort, bone quality, surface characteristics, status of previously implanted hardware and deformities.

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	Bone grafting for non union
i. At the time of Pre-authorisation	
a. Clinical notes detailing earlier surgery that resulted in non-union	Yes
b. Clinical photograph of affected part	Yes
c. Radiological investigations confirming the diagnosis (X-ray labelled with patient ID, date and side (Left/ Right) showing affected part.)	Yes
ii. At the time of claim submission	
a. Post Procedure clinical photograph of donor and recipient sites	Yes
b. Post procedure imaging study (X-ray labelled with patient ID, date and side (Left/ Right) showing affected part)	Yes
c. Detailed procedure/ operative notes	Yes
d. Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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	Bone grafting for non union
iii. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes detailing earlier surgery that resulted in non-union	Yes
b. Clinical photograph of affected part	Yes
c. Radiological investigations confirming the diagnosis (X-ray labelled with patient ID, date and side (Left/ Right) showing affected part.)	Yes
iv. At the time of claim processing- For claims processing doctor (CPD)	
a. Post Procedure clinical photograph of donor and recipient sites	Yes
b. Post procedure imaging study (X-ray labelled with patient ID, date and side (Left/ Right) showing affected part)	Yes
c. Detailed procedure/ operative notes	Yes
d. Discharge Summary	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. Does the Post-op X- ray of affected part show the bone grafting? – Yes

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

References:

1. Wu, C. C. "Bone grafting techniques in treating fracture nonunion." *Chang Gung medical journal* 23.6 (2000): 319-330.
2. https://journals.lww.com/jorthotrauma/fulltext/2005/11101/nonunion_treatment_iliac_crest_bone_graft.4.aspx
3. Giorgio Maria et al. "Non-unions" Mini-review, *Clinical Cases in Mineral and Bone Metabolism* 2017; 14(2):186-188.