

## Guidance document for processing PM-JAY packages

### Excision of bursa

**Procedures covered: 1**

**Specialty: Orthopedics**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price
Excision of bursa	Excision of bursa	S500074, S100015	SB065A	3,000

**ALOS: 1 day**

**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 **Excision of bursa** 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.

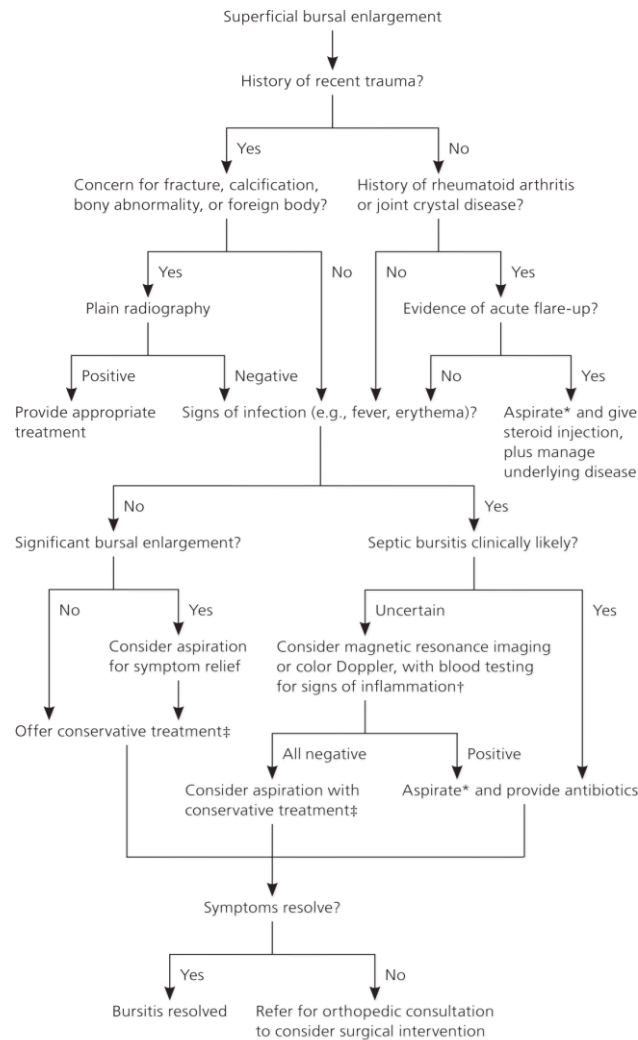
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

#### **1.2 Clinical key pointers:**

##### **Indications:**

- Olecranon and prepatellar bursitis are common conditions.
- They are caused by repetitive minor trauma, acute trauma, and inflammatory diseases such as gout and rheumatoid arthritis.
- The patients usually complain about pain and swelling.

- Most of the aseptic bursitis cases responded to conservative treatment such as ice, rest, anti-inflammatory drugs, aspiration, and local corticosteroid and lidocaine injections.
- When patients do not respond to conservative treatment, surgical treatment may be required.
- Surgical treatment options are aspiration and irrigation, incision and drainage, and total excision through an open or endoscopic total excision.
- **Common types of Bursitis: Acute** (Traumatic/Hemorrhagic), **Chronic** (Microtraumatic, Crystal disease, Rheumatoid arthritis), **Septic** (Iatrogenic)



\*—If needed, use ultrasonography guidance.

†—Blood cell count, C-reactive protein, erythrocyte sedimentation rate.

‡—Ice, elevation, activity modification, padding, compression wraps, and nonsteroidal anti-inflammatory drugs.

*Khodaei, Morteza 2017*

**Open or endoscopic total excision.**

### 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	Excision of bursa
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes detailing findings confirming the diagnosis	Yes
b. Clinical photograph of the affected part	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) - affected part justifying the indication.	Yes
<b>ii. At the time of claim submission</b>	
a. Post-procedure clinical photograph	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Detailed Discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **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. Did X-ray report confirm the diagnosis of bursitis? – Yes

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

### **References:**

1. Meric, Gokhan et al. "Endoscopic versus Open Bursectomy for Prepatellar and Olecranon Bursitis." *Cureus* vol. 10,3 e2374. 27 Mar. 2018, doi:10.7759/cureus.2374
2. Khodaei, Morteza. "Common superficial bursitis." *American Family Physician* 95.4 (2017): 224-231.