

## Guidance document for processing PM-JAY packages

### High Tibial Osteotomy

**Procedures covered:1**

**Specialty: Orthopedics**

Package Name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
High Tibial Osteotomy	High Tibial Osteotomy	S500055	SB057A	16,000 + Price of Implant

**ALOS: 5 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 **High Tibial Osteotomy**, 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:** Clinical significance for High Tibial Osteotomy (HTO) to treat patients with

- early osteoarthritis confined to medial compartment
- chronic knee instability due to
  - posterolateral corner (PLC), posterior cruciate ligament (PCL), and
  - anterior cruciate ligament (ACL)
  - Insufficiencies with concurrent malalignment in the coronal and/or sagittal plane.

## Indications

- Knee problems in patients who have pain and instability because of a Varus knee malalignment
- Surgery allows a postoperative valgus limb alignment with shifting the load-bearing axis of the lower limb laterally.

## HTO Techniques

- There are various HTO techniques including
  - Closing wedge osteotomy,
  - Opening wedge osteotomy,
  - Dome osteotomy progressive callus distraction, and
  - Chevron osteotomy.

Of these, opening wedge HTO and closing wedge HTO are most commonly performed.

### 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	High tibial osteotomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with indication for surgery	Yes
b. Weightbearing (FLWB)/ Standing X-ray labelled with patient ID, date and side (Left/ Right)-affected limb justifying the indication;	Yes
<b>ii. At the time of claim submission</b>	
a. Post operation clinical photograph	Yes
b. Post op X-ray is labelled with patient ID, date and side (Left/ Right) showing affected part.	Yes
c. Invoice / bar code of implant (optional)	Yes
d. Detailed operative note	Yes
e. Discharge Summary	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/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	High tibial osteotomy
<b>iii. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Clinical notes with indication for surgery	Yes
b. Weightbearing (FLWB)/ Standing X-ray labelled with patient ID, date and side (Left/ Right)-affected limb justifying the indication;	Yes
<b>iv. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Post Operation clinical photograph	Yes
b. Post op X-ray is labelled with patient ID, date and side (Left/ Right) showing affected part.	Yes
c. Invoice / bar code of implant (optional)	Yes
d. Detailed operative note	Yes
e. 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. Did Post-operative X- ray shows the presence of implant? – Yes

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

### **References:**

1. Dean, Chase S., et al. "Clinical outcomes of high tibial osteotomy for knee instability: a systematic review." *Orthopaedic journal of sports medicine* 4.3 (2016): 2325967116633419.
2. Sabzevari, Soheil, et al. "High tibial osteotomy: a systematic review and current concept." *Archives of Bone and Joint Surgery* 4.3 (2016): 204.
3. Liu, Xiaoyu, et al. "High tibial osteotomy: review of techniques and biomechanics." *Journal of healthcare engineering* 2019 (2019).
4. Lee, Dong Chul, and Seong Joon Byun. "High tibial osteotomy." *Knee surgery & related research* 24.2 (2012): 61.