

Guidance document for processing PM-JAY packages

Arthroscopic Meniscus Repair / Meniscectomy, Reconstruction of Cruciate Ligament with implant and brace

Procedures covered: 3

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
Arthroscopic Meniscus Repair / Meniscectomy	Arthroscopic Meniscus Repair / Meniscectomy	S500090	SB036A	12,000	2
Reconstruction of Cruciate Ligament with implant and brace	Anterior	S500075	SB049A	25,700 + Price of Implant	3
Reconstruction of Cruciate Ligament with implant and brace	Posterior	S500075	SB049B	25,700 + Price of Implant	3

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 10 years of experience

Desirable: MS/DNB/Equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Arthroscopic Meniscus Repair / Meniscectomy, Reconstruction of Cruciate Ligament with implant and brace** 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:

Function of meniscus:

- **The meniscus** has functions in load bearing, load transmission, shock absorption, joint stability, joint lubrication, and joint congruity.
- **Anterior cruciate Ligament Reconstruction:** reconstruction is being performed with an autograft, allograft (cadaveric tissue), or a synthetic graft and is typically performed by knee arthroscopy.
- **Posterior cruciate ligament reconstruction** is an operation to replace your torn posterior cruciate ligament (PCL) and restore stability to your knee joint.
- **Total meniscectomy** Nowadays, total meniscectomy is not a common procedure. However, previously it was a popular procedure, and short-term outcome results of this technique were regarded as excellent.

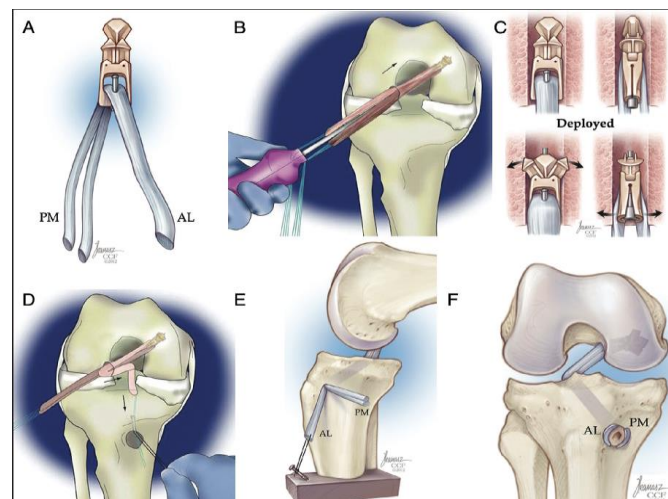
Partial meniscectomy: When meniscal repair is not possible, partial resection of the meniscus is indicated.

Repair: Meniscal repair has evolved from open to arthroscopic techniques, which include the inside-out and outside-in suture repairs and the all-inside techniques.

Open repair: Open meniscal repair offers the advantage of better preparation of the tear site. However, only the most peripheral of tears in the red-red zone are amenable to this technique because of exposure and accessibility.

Arthroscopic inside-out repair: The inside-out meniscal repair technique involves fixation of a tear by placing sutures from inside the knee to a protected area on the outside of the joint capsule.

Arthroscopic outside-in repair: Outside-in techniques involve passing sutures percutaneously through spinal needles at the joint line across the tear, and then retrieving the sutures intra-articularly under arthroscopic observation.



Source: Mutnal, Amar, et al 2015

Posterior cruciate ligament reconstruction

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	Arthroscopic Meniscus Repair	Reconstruction of Cruciate Ligament with implant and brace (ACL/PCL)
i. At the time of Pre-authorization		
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes	Yes
b. MRI scan of affected part labelled with patient ID, date and side (Left/ Right)	Yes	Yes
c. Clinical Photograph of affected part	Yes	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Procedure / operation notes	Yes	Yes
c. Intra operative still image with patient name	Yes	Yes (In case of Arthroscopic surgery)
d. Post procedure X-ray showing implant labelled with patient ID, date and side (Left/ Right) - affected part	No	Yes
e. Invoice and bar code of implant ensure brace is provided in package cost.	No	Yes
f. Post Procedure clinical photograph	Yes	Yes
g. Discharge Summary	Yes	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	Arthroscopic Meniscus Repair	Reconstruction of Cruciate Ligament with implant and brace (ACL/PCL)
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i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)		
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes	Yes
b. MRI scan of affected part labelled with patient ID, date and side (Left/ Right)	Yes	Yes
c. Clinical Photograph of affected part	Yes	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Procedure / operation notes	Yes	Yes
c. Intra operative still image with patient name	Yes	Yes (In case of Arthroscopic surgery)
d. Post procedure X-ray showing implant labelled with patient ID, date and side (Left/ Right) - affected part	No	Yes
e. Invoice and bar code of implant ensure brace is provided in package cost.	No	Yes
f. Post Procedure clinical photograph	Yes	Yes
g. Discharge Summary	Yes	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 procedure X ray show the implant in reconstruction of cruciate ligament with implant and brace? Yes
- II. Does the intra operative still image with patient name submitted in Arthroscopic Meniscus Repair/ Meniscectomy patients? Yes

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

References:

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4. Walsh IV, John J. "Wrist Arthrodesis."
5. Knupp, Markus, S. A. Stufkens, and Beat Hintermann. "Triple arthrodesis." Foot and ankle clinics 16.1 (2011): 61-67.
6. Schroeder, Stephen M., et al. "Triple arthrodesis." EMedicine Journal, Orthopedic Surgery, Foot and Ankle (2008).
7. DeBaun, Malcolm R., Stuart B. Goodman, and David W. Lowenberg. "Cement Arthrodesis of the Knee with a Custom Long Recon Nail After Failed Total Knee Arthroplasty: Surgical Technique and Results." The Open Orthopaedics Journal 12.1 (2018).
8. Sargazi, Nastaran, et al. "Ulna autograft for wrist arthrodesis: A novel approach in failed wrist arthroplasty." The open orthopaedics journal 11 (2017): 768.
9. Dimmen, Sigbjorn, and Jan Erik Madsen. "Long-term outcome of shoulder arthrodesis performed with plate fixation: 18 patients examined after 3–15 years." Acta orthopaedica 78.6 (2007): 827-833.
10. Mutnal, Amar, et al. "Biomechanical analysis of posterior cruciate ligament reconstruction with aperture femoral fixation." Orthopedics 38.1 (2015): 9-16.