



Guidance document for processing PM-JAY packages

Disarticulation

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Disarticulation	Hind quarter	S500011	SB027A	25,000
Disarticulation	Fore quarter	S500011	SB027B	25,000

ALOS: 10 days

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: Tertiary care facilities

Disclaimer:

For monitoring and administering the claim management process of **Disarticulation**, 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:

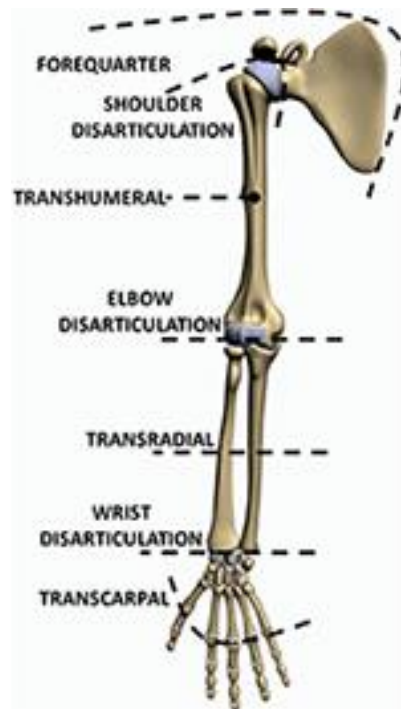
The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection 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.

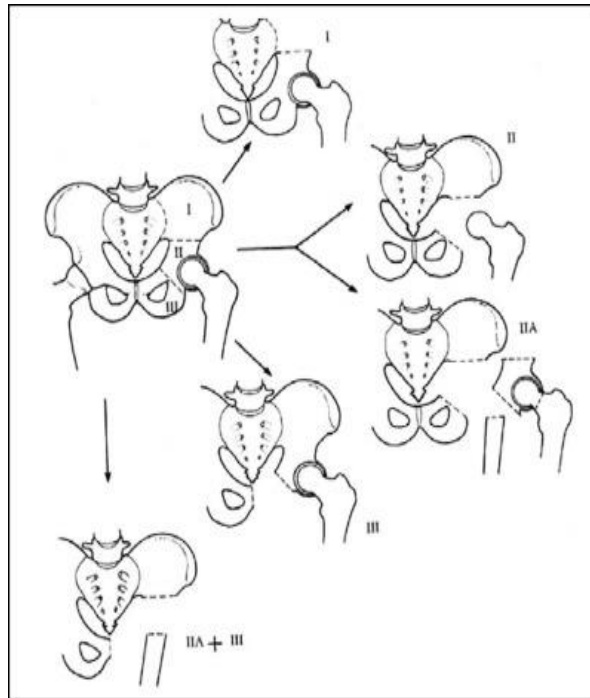
1.2 Clinical key pointers:

- The forequarter amputation also called as Inter scapula thoracic amputation involves the surgical removal of one entire upper extremity and shoulder girdle, including scapula and a portion of the clavicle

- Hindquarter amputation is synonymous with hemipelvectomy, disarticulation of the innominate bone, inter-ilio-abdominal amputation, sacroiliac disarticulation, trans iliac amputation, inter pelvi-abdominal amputation and trans pelvic amputation.
- Shoulder disarticulation and forequarter amputation are usually related to malignancy or severe trauma.



Cordella, Francesca, et al 2016



Types of internal hemipelvectomy

* Oliveira, Alexandre Ferreira, et al. **2012**

Levels of upper limb absence

Indications

- 1) Trauma beyond repair
- 2) Irreparable loss of the blood supply
- 3) Malignancy: high- and low-grade malignant bone and soft-tissue tumours
- 4) Severe contracture
- 5) Infection
- 6) Congenital deformities
- 7) Burns
- 8) Thermal/electrical injury
- 9) Frostbite
- 10) Peripheral Vascular disease
- 11) Complications from diabetes

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	Disarticulation (Forequarter / Hindquarter)
i. At the time of Pre-authorization	
a. Clinical notes justifying the diagnosis and indication for proceeding with surgery along with planned line of treatment	Yes
b. X-ray/MRI/PET labelled with patient ID, date and side (Left/ Right) -affected limb	Yes
c. Clinical photograph of the affected part showing the gangrene/injury/severe anatomical deformity	Yes
ii. At the time of claim submission	
a. Detailed Indoor case Papers (ICPs)	Yes
b. Post-procedure clinical photograph	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed 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	Disarticulation (Forequarter / Hindquarter)
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the clinical notes justifying the diagnosis and indication for proceeding with surgery along with planned line of treatment	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) -affected limb	Yes

c. Clinical photograph of the affected part showing the gangrene/injury/severe anatomical deformity	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Post-procedure clinical photograph	
c. Detailed Procedure / Operative Notes	Yes
d. Detailed 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 clinical photograph show the amputation/Disarticulation? – Yes
- II. The detailed procedure notes mention the reason for Disarticulation/ Amputation are submitted? – Yes

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

References:

- 1) Eralp, Levent, et al. "Forequarter amputation as a life-saving procedure." *Musculoskeletal surgery* 95.2 (2011): 127-130.
- 2) Maduri, Prathusha, and Hossein Akhondi. "Upper limb amputation." StatPearls [Internet]. StatPearls Publishing, 2020
- 3) Cordella, Francesca, et al. "Literature review on needs of upper limb prosthesis users." *Frontiers in neuroscience* 10 (2016): 209.