



Guidance document for processing PM-JAY packages

Dorsal and lumbar spine fixation

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Dorsal and lumbar spine fixation	Anterior	S500012	SB022A	40,000 + Price of Implant
Dorsal and lumbar spine fixation	Posterior	S500013	SB022B	30,000 + Price of Implant

ALOS: 7 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: None

Disclaimer:

For monitoring and administering the claim management process of **Dorsal and lumbar spine fixation** 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.

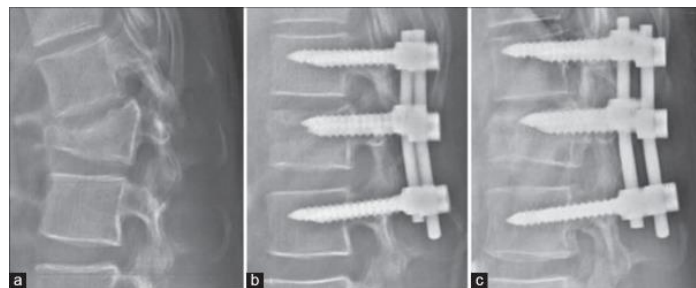
1.2 Clinical key pointers:

Almost 50% of Spinal injuries of the thoracolumbar region are unstable and can result in significant disability deformity and neurological deficit.

- All suspected spinal trauma patients should be evaluated following the basic principles of trauma assessment including primary and secondary survey.
- Spinal Fixation used in
 - Thoracic and lumbosacral spine to provide stability
 - To restore anatomic alignment in the treatment of fractures, degenerative disease, and infection and tumors and
 - To correct congenital deformities such as scoliosis.
- Spinal fixation devices help
 - To reduce deformities and fractures,
 - Stabilize the spine, and
 - Replace vertebrae because of disease or abnormality.

Surgical Intervention:

- **Posterior Approach:** Posterior short segment fixation Including the proximal and distal adjacent normal vertebrae is the most commonly performed surgery for most thoracolumbar fractures.
- **Anterior Approach:** About 80% of the axial load of an intact spine is supported by the anterior column.
- **Combined anterior and posterior approach**



Posterior short segment fixation

- Indications for surgery include substantial angulation, pain, progression, pulmonary dysfunction, and neurologic compromise.
- Spinal fixation devices are used in the treatment of congenital, neuromuscular, degenerative, and idiopathic scoliosis.

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	Dorsal and lumbar spine fixation (Anterior/Posterior)
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
b. X-ray films labelled with patient ID, date and side (Left/ Right) -affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-procedure X-ray films labelled with patient ID, date and side (Left/ Right) -affected part	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed Discharge summary	Yes
e. Invoice and barcode of implant	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. Does the Post Procedure X Ray/MRI, show the fixation with the implant? – Yes

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

References:

1. Rajasekaran, S., Rishi Mugesh Kanna, and Ajoy Prasad Shetty. "Management of thoracolumbar spine trauma: An overview." Indian journal of orthopaedics 49 (2015): 72-82.
2. Slone, Richard M., et al. "Spinal fixation. Part 2. Fixation techniques and hardware for the thoracic and lumbosacral spine." Radiographics 13.3 (1993): 521-543.