



Guidance document for processing PM-JAY packages

Fixation of Diaphyseal Fracture - Long Bone

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Fixation of Diaphyseal Fracture - Long Bone	Open Reduction Internal Fixation	S500027, S500028, S500029, S500049	SB010A	14,900 + Price of Implant
Fixation of Diaphyseal Fracture - Long Bone	Closed Reduction & Fixation	S500027, S500028, S500029	SB010B	18,000 + Price of Implant

ALOS: 4 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 **Fixation of Diaphyseal Fracture - Long Bone** 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:

Diaphyseal fractures of long bones: Diaphyseal fractures involving the Femur, Tibia, radius and ulna, all long bones of upper and lower limb, are common orthopedic injuries. These injuries can result in significant loss of function if inadequately treated.

Two types of Diaphyseal fractures of long bones:

- Open Reduction and Internal fixation (ORIF)
- Close reduction and fixation (CRF): both Internal and external fixation

Open Reduction and Internal fixation

- An open reduction and internal fixation (ORIF) fix pieces of a broken long bone into place using surgery. Internal fixation involves Screws, plates, sutures, or rods are used to hold the broken bone together.

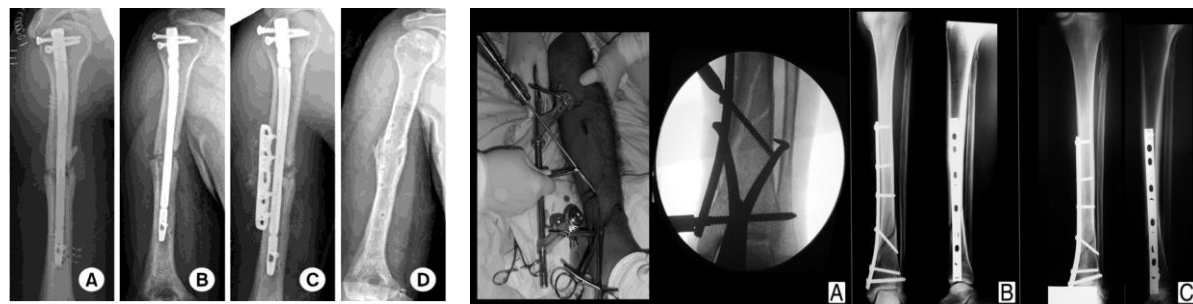
Open reduction and internal fixation (ORIF) of humeral

ORIF of Diaphyseal tibial fractures



Close reduction and fixation:

Closed reduction is a procedure to set (reduce) a broken bone without cutting the skin open. The broken bone is put back in place, which allows it to grow back together. It works best when it is done as soon as possible after the bone breaks.



Closed reduction and intramedullary nailing and percutaneous pinning of the long bone fracture

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	Fixation of Diaphyseal Fracture - Long Bone (Open Reduction Internal Fixation / Closed Reduction & Fixation)
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 labelled with patient ID, date and side (Left/ Right) - affected part	Yes
c. Clinical Photograph of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Intra operative still image with patient name	Yes
d. Post procedure X-ray showing implant labelled with patient ID, date and side (Left/ Right) - affected part	Yes
e. Invoice and bar code of implant	Yes
f. Post Procedure clinical photograph	Yes
g. 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. Does the Post procedure X ray show the implant? Yes

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

References:



1. Browner BD, Jupiter JB, Krettek C, Anderson PA. Closed fracture management. In: Skeletal Trauma: Basic Science, Management, and Reconstruction. 5th ed. Philadelphia, PA: Elsevier Saunders; 2015:chap 6.
2. Cho, Chul-Hyun, et al. "Delayed Brachial Artery Occlusion after Humeral Shaft Open Fracture-A Case Report." Journal of the Korean Fracture Society 25.2 (2012): 146-149.
3. Sandoval, Juan Manuel Concha, José Luis Osma Rueda, and Alejandro Sandoval Daza. "Management of diaphyseal tibial fractures by plate fixation with absolute or relative stability: a retrospective study of 45 patients." Trauma surgery & acute care open 2.1 (2017).