



## Guidance document for processing PM-JAY packages

### Fracture- Acetabulum

**Procedures covered: 2**

**Specialty: Orthopedics**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Fracture - Acetabulum	Single Approach	S500046	SB018A	28,000 + Price of Implant
Fracture - Acetabulum	Combined Approach	S500046	SB018B	33,500 + Price of Implant

**ALOS: 7 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 **Fracture- Acetabulum** 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.

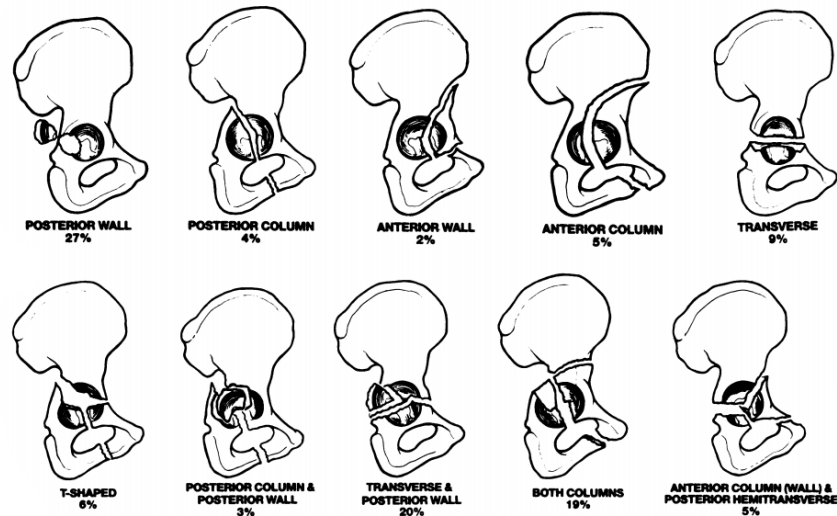
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

#### **1.2 Clinical key pointers:**

**Mechanism of fracture:** Fractures of the Acetabulum occur primarily in young adults as a result of high-velocity trauma (vehicular accidents or falls from heights). These fractures are often associated with other life-threatening injuries.

- Displacement of the fracture fragments leads to articular incongruity of the hip joint that results in abnormal pressure distribution on the articular cartilage surface. This can lead to rapid breakdown of the cartilage surface, resulting in disabling arthritis of the hip joint.

#### Types of Acetabulum Fractures:



\* Martinez et al 1992

#### Management of Acetabulum fracture:

- Displaced fractures of the acetabulum are best treated with anatomical reduction and rigid internal fixation. Superior outcomes are associated with anatomic reduction of the weight bearing dome of the acetabulum.
- Most of the acetabular fractures (98%) can be managed by a **single appropriate** operative approach. However, adequate visualization of some acetabular fracture types may necessitate extensile or combined anterior and posterior approaches.
- The triradiate, extended iliofemoral, the modified extensile approach and combined anterior and posterior exposures are the various techniques described.
- Combined surgical approaches** have been described as staged procedures under the same anesthesia or at different operative settings.

#### 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	Fracture - Acetabulum (Combined/Single approach)
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of	Yes

management and advice for admission	
b. X-ray labelled with patient ID, date and side (Left/ Right) - affected limb	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice and bar code of implant	Yes
d. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected limb	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:**

<b>Mandatory document</b>	<b>Fracture - Acetabulum (Combined/Single approach)</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
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 limb	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice and bar code of implant	Yes
d. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected limb	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. Does the Post Procedure X Ray show the fracture stabilization/implant type of Acetabulum and its type? – Yes

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

#### **References:**

1. Magu, Narender Kumar, et al. "Modified Kocher-Langenbeck approach in combined surgical exposures for acetabular fractures management." *Indian Journal of Orthopaedics* 50 (2016): 206-212.
2. Thacker, Mihir M., and N. Tejawani. "Acetabulum fractures." (2014).
3. Martinez, Carlos R., et al. "Evaluation of acetabular fractures with two-and three-dimensional CT." *Radiographics* 12.2 (1992): 227-242.