

Guidance document for processing PM-JAY packages

Open reduction of small joint

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Open Reduction of Small Joint	Open reduction of small joint	S500067	SB029A	8,500 + Price of Implant

ALOS (In days): 2 days

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics

Desirable: MS/DNB/Equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Open reduction of small joint** 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:

Definition:

- Open reduction of small joints involves using small metal screws or a metal plate and screws. Open Reduction surgical treatment allows the fracture fragments to be restored as close to their normal position as possible and held there until healing

occurs. This technique allows for a more accurate reduction of the small bone fragments.

Indications:

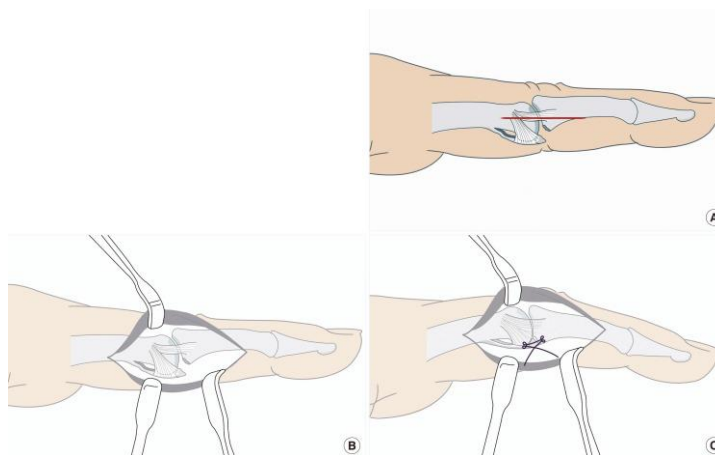
- Dorsal fracture-dislocation of the proximal interphalangeal (PIP) joint is a relatively common injury that most frequently occurs as a result of axial force applied to an extended finger.
- Hyperextension of the PIP joint of the fingers results in a spectrum of injuries, ranging from incomplete disruptions of the volar plate and collateral ligaments to unstable fractures and dislocations.
- Ruptures of the volar capsular mechanism usually occur at the base of the middle phalanx, often with small fragments of the middle phalangeal bone.

Signs and symptoms:

- The primary concerns associated with this fracture-dislocation are joint stability and maintenance of a concentric reduction.
- If the fracture-dislocation is not treated properly, it may lead to instability, degenerative arthritis, stiffness, and persistent pain.



Open Reduction and Internal fixation



Schematic drawings of surgical technique: Lee, Jae Jun, et al. (2013)

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	Open reduction of small joint
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 limb	Yes
c. Clinical photograph of child/Patient	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-op X-ray -ray labelled with patient ID, date and side (Left/ Right) - affected limb	Yes
c. Post procedure clinical photograph	Yes
d. Invoice and barcode of implant	Yes
e. Detailed Procedure / Operative Notes	Yes
f. 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	Open reduction of small joint
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

b. X-ray labelled with patient ID, date and side (Left/ Right) - affected limb	Yes
c. Clinical photograph of child	Yes
ii. At the time of claim processing - For claims processing doctor (CPD)	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-op X-ray -ray labelled with patient ID, date and side (Left/ Right) - affected limb	Yes
c. Post procedure clinical photograph or Patient	Yes
d. Invoice and barcode of implant	Yes
e. Detailed Procedure / Operative Notes	Yes
f. 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 Procedure X Ray show the Implant/K-wire? – Yes

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

References:

1. Lee, Jae Jun, et al. "Open reduction of proximal interphalangeal fracture-dislocation through a midlateral incision using absorbable suture materials." *Archives of plastic surgery* 40.4 (2013): 397.