

## Guidance document for processing PM-JAY packages

### Sequestrectomy / Curettage

**Procedures covered: 1**

**Specialty: Orthopedics**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Sequestrectomy/ Curettage	Sequestrectomy/ Curettage	New Package	SB053A	10,000

**ALOS (In days): 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 **Sequestrectomy/ Curettage** 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:**

Sequestra: is a piece of dead bone, surrounded by infected granulation tissue trying to eat the sequestrum away. Different types of Sequestra includes

- **Tubular** (Pyogenic), **Ring** (External fixator), **Black** (Actinomucosis), **Corolliform** (Perthe's diseases), **Coke** (Tuberculosis), **Sandy** (Tuberculosis), **Feathery** (Syphillis).
- **Sequestrectomy**: removal of the Sequestrum. One must wait for adequate involucrum formation before performing sequestrectomy. Following examples of sequestrectomy are common:
  - **Femoral Sequestrectomy**
  - **Lumbar sequestrectomy**: is the removal of the disc fragment alone without or with little invasion of the disc space.
- **Curettage**: The wall of cavity, lined by infected granulation tissue, is curetted until the underlying normal looking bone is seen.

### Indications:

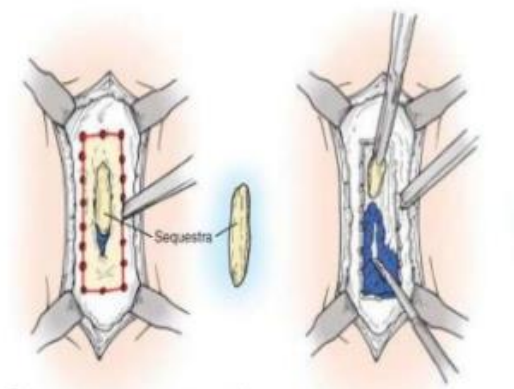
- **Primary Osteomyelitis, Disc Herniation**
- **Types of childhood Hematogenous Osteomyelitis: and Sequestrectomy indications :**  
Type B1–B3 Sequestrectomy and curettage

Classification type	Radiological appearance of bone segment
A	Abscess type, osteolytic area(s), no sequestrum, no involucrum
B1	Peripheral, localised cortical sequestrum; minimal/no involucrum
B2	Sequestrum present; stable, normal-looking cortical involucrum
B3	Sequestrum present; stable, sclerotic involucrum
B4	Sequestrum present; unstable, inadequate involucrum
C	No sequestrum visible on plain X-ray; densely, diffusely sclerotic bone segment; abscess may be present.
Unclassifiable	Inadequate X-ray/disease onset >6-months/previous surgery.

### Sequestrectomy and Curettage: procedure



**Sequestrectomy**



### 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	Sequestrectomy / Curettage
<b>i. At the time of Pre-authorization</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/CT labelled with patient ID, date and side (Left/ Right) - affected part	Yes
c. Biopsy report (Optional)	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-op X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed 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 preauthorization X Ray/CT show significant Sequestrum formation? – Yes

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

### **References:**

1. Maheshwari, Jitendra, and A. Vikram Mhaskar. Essential Orthopaedics (Including Clinical Methods). Jaypee Brothers, Medical Publishers Pvt. Limited, 2019.
2. WILLIAMS, ROBERT WARREN. "Microlumbar discectomy: a conservative surgical approach to the virgin herniated lumbar disc." Spine 3.2 (1978): 175-182.
3. Spengler, Dan M. "Lumbar discectomy. Results with limited disc excision and selective foraminotomy." Spine 7.6 (1982): 604-607.