

Guidance document for processing PM-JAY packages

Tendon Grafting / Repair/tendon release/tenotomy

Packages covered: 3

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
Tendon Grafting / Repair	Tendon grafting	S500078	SB046A	15,000	3
Tendon Grafting / Repair	Tendon repair	S500061 S500078	SB046B	15,000	3
Tendon Release / Tenotomy	Tendon release/ Tenotomy	S500077, S500079	SB047A	5,000	1

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 **Tendon grafting, Tendon repair, Tendon release/tenotomy** 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:

Tendon grafting:

- Tendon grafting involves the bridging of a gap in a tendon with an autogenous donor tendon from the same or a separate extremity.

- Commonly used donor tendons include the palmaris longus, the plantaris, and, on occasion, a toe extensor.
- One of the most important criteria for a successful tendon graft procedure is the establishment and maintenance of good passive motion of the involved segment and adjacent rays.
- Splinting may be effectively employed for creating and preserving supple digits, both preoperatively and during the postoperative course.
- Postoperative splinting should be designed to meet the individual problems presented.

Tendon repair

- While tendons anchor every muscle of the body to bone, the most common injuries involve the rotator cuff tendons, Achilles tendon, and flexor tendons of the hand.
- At present, injuries to these tissues are treated by surgical repair and/or conservative approaches, including biophysical modalities such as physical rehabilitation and cryotherapy.
- Unfortunately, the healing tissue forms fibrovascular scar and possesses inferior mechanical and biochemical properties as compared to native T/L.
- Therefore, tissue engineers have sought to improve upon the natural healing response by augmenting the injured tissue with cells, scaffolds, bioactive agents, and mechanical stimulation.



Tenotomy:

* S. Patwardhan et.al. 2012

- The tenotomy is essential to correct the equines deformity and gain dorsiflexion.
- Tenotomy of the tendo-achillis is an essential step of ponseti treatment of CTEV.

- Conventional blade tenotomy achieves good correction, however complications like damage to neurovascular structures leading to bleeding or pseudo aneurysms are reported.
- In this respect needle tenotomy is a relatively simple procedure which is less invasive and probably has less morbidity.
- It does not require an operation theatre and can safely be done as OPD procedure under sedation. This will also decrease the cost of the procedure.

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: Post Procedure clinical photograph of donor and recipient sites; detailed Procedure / Operative Notes. Detailed discharge summary

Mandatory document	Tendon grafting/ Tendon repair/ Tendon release/ tenotomy
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. 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. Post Procedure clinical photograph of affected part (of donor and recipient sites- for tendon graft)	Yes (Only for Tendon grafting)
d. Post Procedure clinical photograph of affected part	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:

Mandatory document	Tendon grafting/ Tendon repair/ Tendon release/ tenotomy
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes justifying need of surgery	Yes
b. Clinical photograph of affected part	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Post Procedure clinical photograph of affected part (of donor and recipient sites- for tendon graft)	Yes (Only for Tendon grafting)
d. Post Procedure clinical photograph of affected part	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 Clinical notes, clinical photograph of affected part justifying the need for the procedure? Yes

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

References:

1. Krotoski, Judith Bell. "Exercise and Splinting for Specific Upper Extremity Problems." Hand and Upper Extremity Splinting (Third Edition), Mosby, 5 June 2009.
2. Yang, Guang et al. "Tendon and ligament regeneration and repair: clinical relevance and developmental paradigm." Birth defects research. Part C, Embryo today : reviews vol. 99,3 (2013): 203-222. doi:10.1002/bdrc.21041
3. Patwardhan, Sandeep et al. "Percutaneous Needle Tenotomy for Tendo-achillis Release in Clubfoot - Technical Note." Journal of orthopaedic case reports vol. 2,1 (2012): 35-6.