

## Guidance document for processing PM-JAY packages

### Arthrodesis

**Procedures covered:** 7

**Specialty:** Orthopedics

Orthopedics, Surgical Oncology - Arthrodesis – Hand/Foot

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
Arthrodesis	Ankle / Triple with implant	S500017, S500101	SB026A	15,000	5
Arthrodesis	Shoulder	S500098	SB026B	15,000 + Price of Implant	3
Arthrodesis	Wrist	S500100	SB026C	15,000 + Price of Implant	3
Arthrodesis	Knee	S500099	SB026D	15,000 + Price of Implant	4
Arthrodesis	Hand	New Package	SB026E	27,000	3
Arthrodesis	Foot	New Package	SB026F	27,000	3
Arthrodesis	Ankle / Triple without implant	S500017	SB026G	15,000	3

#### Minimum qualification of the treating doctor:

**Essential:** Diploma in Orthopedics with 10 years of experience

**Desirable:** MS/DNB/Equivalent (in Orthopedics); MCh/DNB/Equivalent (in Surgical Oncology – if applicable)

**Special empanelment criteria/linkage to empanelment module:** None

#### Disclaimer:

For monitoring and administering the claim management process of **Arthrodesis** 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:**

### **Arthrodesis**

Types and indications:

- Considered the gold standard for
  - End stage osteoarthritis, Other degenerative disorders, Rheumatoid arthritis,
  - Osteonecrosis,
  - Poliomyelitis, Cerebral palsy, Charcot-marie-tooth diseases, Club foot,
  - Tuberculosis,
  - Mechanical overuse, Trauma
- Involves fusion or freezing of the joint in a permanent position considering various movement. Usually conducted to relieve joint pain after exhausting all options for non-surgical methods. It is alternative to Arthroplasty, when Arthroplasty is not desirable or is not possible.

### **Types of Arthrodesis:**

#### **Arthrodesis of Ankle, Shoulder, wrist, knee, Hand, Foot etc.**

- **Ankle arthrodesis procedure consisting of the surgical fusion of the talocalcaneal (TC), talonavicular (TN), and calcaneocuboid (CC) joints in the foot.**
- Ankle joint arthrodesis post-surgery the joint will not allow for any movement
- Surgery procedures involves level of function and range of motion of all other joints of the extremity must be assessed preoperatively.
- Bone grafting is also part of many arthrodesis process.
- Triple arthrodesis surgical procedures were performed by removing large blocks of subchondral bone and correcting the angular deformities by inserting or removing wedges. The corrections were maintained by casting that often required later manipulation for loss of position.
- Wedges of bone may have to be removed from or added to the joints to achieve the desired correction

**Implants:** Ankle (Compression Assembly / Ilizarov), Shoulder (Screw/Plate), wrist (Plate) etc.



**Triple Arthrodesis**



**Knee**



**Shoulder**



**Wrist**

### 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 documents	Hand, Foot, Ankle/Triple without implant	Shoulder, Wrist, Knee, Ankle/Triple with implant
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes detailing indication	Yes	Yes
b. Clinical photograph of affected part	Yes	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Detailed Procedure / Operative Notes	Yes	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes	Yes
d. Invoice and bar code of implant	No	Yes
e. Post Procedure clinical photograph	Yes	Yes
f. Detailed discharge summary	Yes	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	Hand, Foot Ankle/Triple without implant	Shoulder, Wrist, Knee, Ankle/Triple with implant
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>		
a. Clinical notes - detailed history, signs & symptoms, planned line of treatment, and indication for procedure?	Yes	Yes
b. Clinical photograph of affected part submitted?	Yes	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part confirm the diagnosis?	Yes	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>		
a. Are the detailed ICPs with daily vitals and treatment details?	Yes	Yes
b. Are the detailed procedure / Operative Notes available?	Yes	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected limb submitted?	Yes	Yes
d. Invoice and bar code of implant submitted?	No	Yes
e. Were Post-operative photographs submitted?	Yes	Yes
f. Is the Discharge summary with follow-up advise at the time of discharge?	Yes	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. Did the X-ray report of affected part confirm diagnosis? Yes

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

## References:

1. Hawke, Fiona, and Vivienne Chuter. "Forefoot entities." (2014).
2. Logan, J. S., and D2 Warwick. "The treatment of arthritis of the wrist." *The bone & joint journal* 97.10 (2015): 1303-1308.
3. Walsh IV, John J. "Wrist Arthrodesis."
4. Knupp, Markus, S. A. Stufkens, and Beat Hintermann. "Triple arthrodesis." *Foot and ankle clinics* 16.1 (2011): 61-67.
5. Schroeder, Stephen M., et al. "Triple arthrodesis." *EMedicine Journal, Orthopedic Surgery, Foot and Ankle* (2008).
6. DeBaun, Malcolm R., Stuart B. Goodman, and David W. Lowenberg. "Cement Arthrodesis of the Knee with a Custom Long Recon Nail After Failed Total Knee Arthroplasty: Surgical Technique and Results." *The Open Orthopaedics Journal* 12.1 (2018).
7. Sargazi, Nastaran, et al. "Ulna autograft for wrist arthrodesis: A novel approach in failed wrist arthroplasty." *The open orthopaedics journal* 11 (2017): 768.
8. Dimmen, Sigbjorn, and Jan Erik Madsen. "Long-term outcome of shoulder arthrodesis performed with plate fixation: 18 patients examined after 3–15 years." *Acta orthopaedica* 78.6 (2007): 827-833.