

## Guidance document for processing PM-JAY packages

### Bone Tumour Excision (malignant) including GCT + Joint replacement, Excision of Osteochondroma, Exostosis

Procedures covered: 3

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price	ALOS (In days)
Bone Tumour Excision (malignant) (GCT + Joint replacement)	Bone Tumour Excision (malignant) including GCT + Joint replacement	S500022	SB040A	57,000 + Price of Implant	7
Excision of Osteochondroma/ Exostosis	Osteochondroma	S500014	SB064A	10,000	3
Excision of Osteochondroma / Exostosis	Exostosis	S500014	SB064B	10,000	3

#### 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 **Bone Tumour Excision (Malignant), Excision of Osteochondroma, Exostosis** 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:

### Indications: Bone tumors excision:

- Bone tumor excision is a surgical treatment/removal to treat bone tumors both benign and malignant in nature.
- **Types:**
  - **Osteosarcoma and Ewing's sarcoma:** Common malignant bone tumors- Among below 30 years.
  - **Chondrosarcoma:** Are common in Age after 30 years.
  - **Multiple myeloma:** most common marrow cell tumor
  - **Neuroblastoma.**
  - **Lymphoma of bone**
- Excision of the tumor may also be advisable to lessen the risk of breaking a bone weakened by a tumor's presence.
- **Malignant tumors** removed through surgery often used in combination with radiation and chemical therapies to control the metastasis/reoccurrence.
- **Treatment: limb salvage surgery.** (Based on the type of joint involved and place), Bone replacement with metallic implant or transplanted bone tissue.

### GCT tumors:

- Giant Cell tumors (GCT) are benign tumors with potential for aggressive behavior and capacity to metastasize
- Its histogenesis remains unclear.
- Ninety percent of GCT exhibits the typical epiphyseal location.
- three stages that correlate with tumor local aggressiveness and risk of local recurrence,
  - Stage I – latent,
  - Stage II – active,
  - Stage III – aggressive
- **Treatment:** Surgical resection, Reconstructing the defect after curettage, Cementing the defect using polymethylmethacrylate (PMMA), Bone grafting, Use of steinmann pins.
- Local recurrence rate ranged from 20% to 50% averaging 33%.
- Evidence shows pulmonary metastases.

### Osteochondroma

- Is the most common benign bone growth, occurs between ages 10 and 30.
- Mostly it affects the long bones in the leg, the pelvis, or the shoulder blade.
- Treatment usually surgical excision.

### Exostosis:

- The exostoses are invariably broad-based in association with a widened metaphysis.
- Are formation of new bone on the surface of a bone. Also called as Bone spur.
- Exostosis observed commonly in ear canal, ankle, jaw, sinuses, long bones of the leg.
- The cartilage cap stops growing at the same time that the adjacent growth plate fuses.
- Rare condition of Hereditary multiple exostoses.

### 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	Bone Tumour Excision- malignant	Osteochondroma / Exostosis
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes with planned line of Treatment	Yes	Yes
b. X-ray/MRI labelled with patient ID, date and side (Left/ Right) of affected part	Yes	Yes
c. Biopsy report	Yes	No
d. Clinical photograph of affected part	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Procedure / operation notes	Yes	Yes
c. Histopathology of excised tissue	Yes	Yes
d. Invoice and bar code of implant	Yes	No
e. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes	No
f. Post Procedure clinical photograph	Yes	No
g. 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 documents	Bone Tumour Excision- malignant	Osteochondroma / Exostosis
<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. X-ray/MRI labelled with patient ID, date and side (Left/ Right) of affected part confirm the diagnosis?	Yes	Yes
c. Was Biopsy report submitted?	Yes	No
d. Clinical photograph of affected part	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. Was the Detailed procedure / Operative Notes mentioned?	Yes	Yes
c. Was the histopathology examination report submitted?	Yes	Yes
d. Invoice/barcode of implant submitted?	Yes	No
e. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected Part submitted?	Yes	No
f. Were Post-operative photographs submitted?	Yes	No
g. 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. Was the type of surgery for Osteochondroma / Exostosis documented? Yes
- II. Did Post Procedure X Ray show the Implant used in Bone tumor excision (Malignant)?  
– Yes

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

#### **References:**



1. Sobti, Anshul, et al. "Giant cell tumor of bone-an overview." Archives of Bone and Joint Surgery 4.1 (2016): 2.
2. [https://www.northwell.edu/orthopaedic-institute/find-care/treatments/excision-of-tumor#:~:text=In%20most%20cases%2C%20malignant%20\(cancerous,is%20called%20limb%20salvage%20surgery](https://www.northwell.edu/orthopaedic-institute/find-care/treatments/excision-of-tumor#:~:text=In%20most%20cases%2C%20malignant%20(cancerous,is%20called%20limb%20salvage%20surgery).
3. Bertoni, F., et al. "Giant-cell tumor of bone with pulmonary metastases: six case reports and a review of the literature." Clinical Orthopaedics and Related Research® 237 (1988): 275-285.
4. Siebenrock, K. A., K. K. Unni, and M. G. Rock. "Giant-cell tumour of bone metastasising to the lungs: a long-term follow-up." The Journal of bone and joint surgery. British volume 80.1 (1998): 43-47.
5. Shapiro, Frederic. Pediatric orthopedic deformities. Elsevier, 2002.