

Guidance document for processing PM-JAY packages

External fixation of Fracture

Procedures covered: 4

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
External fixation of Fracture	Long bone	S500041	SB005A	14,000 + Price of Implant	4
External fixation of Fracture	Small bone	S500042	SB005B	9,500 + Price of Implant	3
External fixation of Fracture	Pelvis	S500043	SB005C	14,000 + Price of Implant	5
External fixation of Fracture	Both bones -forearms	S500087	SB005D	15,000 + Price of Implant	4

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 **External fixation of Fracture**, 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 for External fixation of Fracture:

- Physicians have been using External fixation to treat fractures for more than 2000 years, it helps to immobilize a particular part of the body following a fracture or with certain orthopedic problems to allow bone healing.
- The fixation and manipulation of multiple bone segments which would otherwise be very difficult to manage.
- Usually the material involved in this process are Pins, wires, self-drilling/tapping, and braces, clamps, Rods, Ring components, used to immobilize the part, Uni, biplanar, biomechanics,
- **Types of fixation** evolved over period which includes; First Generation (Classic rigid A frame) (Unilateral Fixator), second generation, third generation (Circular fine wire fixator, Circular external fixation), fourth generation (Mobile unilateral external fixators), Fifth generation (Multiplanar Fixation with Multiaxial Correction) and hybrid fixation.

Clinicians use external fixation in orthopedic trauma, pediatric orthopedics, and plastic surgery for an array of different pathology. Below are a few of the indications for external fixation devices:

- Unstable pelvic ring injuries
- Comminuted periarticular fractures such as pilon, distal femur, tibial plateau, elbow, and distal radius fractures
- Fractures with large amounts of soft tissue swelling
- Fractures which hemodynamically unstable or cannot undergo an open procedure
- Comminuted long bone fractures
- Fractures with significant bone loss
- Open fractures with soft tissue loss
- Limb deformity and limb lengthening
- Osteomyelitis with bone loss
- Immobilization of joint after soft tissue flap
- Arthrodesis, Nonunion, Malunion, Infection, traction to aid in intraoperative fracture reduction.

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	External fixation of Fracture
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. Clinical photograph of affected part	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post Procedure clinical photograph	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Invoice and barcode of implant	Yes
e. 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. Was clinical presentation and X-ray report of affected part indicative of surgery? – Yes

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

References:

1. Hadeed, Andrew, Ryan L. Werntz, and Matthew Varacallo. "External Fixation Principles and Overview." StatPearls [Internet]. StatPearls Publishing, 2019.