



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

2.1 Objective: To provide guidance to the pre-authorisation 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 | External fixation of Fracture |
|--|-------------------------------|
| i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD) | |
| a. Clinical notes - detailed history, signs & symptoms, planned line of treatment, and indication for procedure? | Yes |
| b. Clinical photograph of affected part submitted? | Yes |
| c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part confirm the diagnosis? | Yes |
| ii. At the time of claim processing- For claims processing doctor (CPD) | |
| a. Are the detailed ICPs with daily vitals and treatment details? | Yes |
| b. Were Post-operative photographs submitted? | Yes |
| c. Are the detailed procedure / Operative Notes available? | Yes |

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|---|-----|
| d. Invoice/barcode of implant submitted? | Yes |
| e. Is the Discharge summary with follow-up advise at the time of discharge? | 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 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.