



Guidance document for processing PM-JAY packages

Nerve Transposition / Release / Neurolysis

Procedures covered: 3

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Nerve Transposition / Release / Neurolysis	Nerve transposition	S500063	SB066A	13,000
Nerve Transposition / Release / Neurolysis	Nerve release	S500063	SB066B	13,000
Nerve Transposition / Release / Neurolysis	Neurolysis	S500063	SB066C	13,000

ALOS (in Days): 3 days

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 **Nerve Transposition / Release / Neurolysis** 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: **Nerve transposition: Cubital tunnel syndrome (CuTS)** is the second most common peripheral compression neuropathy in the upper extremity, is a

procedure that moves the ulnar nerve from behind the medial condyle of the elbow to a better position so that it is no longer irritated or pinched.

Signs and symptoms:

- Numbness of the little and ring fingers, intrinsic hand muscle atrophy, and an inability to perform fine motor activity.

Neurolysis:

- Neurolytic techniques have long been used in the treatment of pain. The underlying principle for neurolytic blocks is prolonged relief of intractable pain, most often in patients with malignancies.
- Pain associated with cancer may be visceral, somatic, and/or neuropathic in origin. Many cancer patients have a combination of these pain types at the time of their diagnosis.

Nerve Release

- **A nerve release** is a surgical procedure used with nerve compression injuries such as carpal tunnel syndrome, cubital tunnel syndrome and tarsal tunnel syndrome

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 document	Nerve transposition/ Nerve release/ Nerve neurolysis
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. EMG/NCV/MRI 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. Detailed Procedure / operation notes	Yes
c. Post procedure clinical photograph	Yes
d. 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. Were clinical findings and imaging indicative of surgery? Yes

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

References:

1. Huang, Wei et al. "Anterior subcutaneous transposition of the ulnar nerve improves neurological function in patients with cubital tunnel syndrome." *Neural regeneration research* vol. 10,10 (2015): 1690-5. doi:10.4103/1673-5374.167770
2. Ilyas, Asif, and Irene Kalbian. "Ulnar Nerve Transposition." *Journal of Medical Insight*, 2 Dec. 2019, jomi.com/article/206.5/ulnar-nerve-transposition.
3. Bottros; Michael M., and Michael A. Erdek. "Atlas of Pain Medicine Procedures." *AccessAnesthesiology*, accessanesthesiology.mhmedical.com/content.aspx?bookid=1158.