

## Guidance Document for processing PM-JAY packages

### Tendon injury

**Procedures covered: 3**

**Specialty: Polytrauma, Orthopedics, Neurosurgery, General Surgery**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Management of Nerve Plexus / Tendon injuries	Tendon injury repair	S600001	ST009C	50,000	10 days
Management of Nerve Plexus / Tendon injuries	Tendon injury replacement	S600001	ST009D	50,000	10 days
Management of Nerve Plexus / Tendon injuries	Tendon Transfer	S600001	ST009E	50,000	10 days

#### Minimum qualification of the treating doctor:

**Essential:** MS/DNB/Equivalent (General Surgery); MS/DNB/Equivalent (Orthopedic surgery); MCh/DNB/Equivalent (Neurosurgery / Reconstructive Surgery)

**Special empanelment criteria/linkage to empanelment module:** Functional Operational Theatre

#### Disclaimer:

For monitoring and administering the claim management process of **Management of Nerve Plexus / Tendon injuries**, 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 document 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:**

## **TENDON INJURIES**

- Patient usually presents with c/o inability to bend or extend a finger
- To be ruled out in cuts involving fingers, palm and dorsum of hand, wrist and forearm
- Mechanism of injury to be noted
- Look whether it's a clean or contaminated wound
- Give thorough wound wash after administering adequate analgesia
- FDS, FDP, FPL, FCR, FCU to be tested and zones of flexor tendon injury to be noted
- APL, EPB, ECRL, ERCB, EPL, EI, EDC, EDM, EhCU to be tested and zones of extensor tendon injury to be noted
- Vascularity of the affected finger/hand to be documented by capillary refill or pinprick
- X-ray of the involved part to rule out fractures and foreign body
- Associated vascular or nerve injury to be documented
- Provide prophylactic antibiotics
- Advice strict hand elevation

### **Management**

- In all clean cuts with underlying tendon injury, early repair from Emergency OT is advised, for optimal results.
- In contaminated wounds, after adequate wound debridement, wounds to be re-assessed after 48 hours for further decision making.
- In gross tissue loss and exposed tendons, adequate wound debridement followed by early soft tissue cover to be performed (local/regional/free flaps), and delayed repair of tendon injuries to be considered.

### **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:

<b>Mandatory document</b>	<b>Tendon injury repair</b>	<b>Tendon injury replacement</b>	<b>Tendon Transfer</b>
<b>i. At the time of Pre-authorization</b>			
a. Clinical Notes detailing the injury and need for surgery	Yes	Yes	Yes

b. Medico legal case report/ FIR copy if due to accident	Yes	Yes	Yes
c. <b>Optional</b> Nerve conduction velocity EMG report MRI report	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>			
a. Indoor case papers	Yes	Yes	Yes
b. Intra operative photograph (optional)	Yes	Yes	Yes
c. Procedure/ Operation notes	Yes	Yes	Yes
d. Detailed discharge summary	Yes	Yes	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **PART III: GUIDELINES FOR IT**

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:**

1. Were the clinical notes suggestive of tendon injury? Yes

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

### **References**

1. Plastic Surgery, Protocol for emergency and trauma care, Govt Medical College Thiruvananthapuram. Pg: 69-70

### **Abbreviations**

FDS - flexor digitorum superficialis tendon  
FDP - Flexor digitorum profundus  
FPL - Flexor pollicis longus tendon  
FCR - flexor carpi radialis  
FCU - flexor carpi ulnaris  
APL - abductor pollicis longus  
EPB - Extensor pollicis brevis tendon  
ECRL - Extensor carpi radialis longus



ERCB - Extensor carpi radialis brevis  
EPL - Extensor pollicis longus  
EI - extensor indicis  
EDC - extensor digitorum communis  
EDM - Extensor digiti minimi  
EhCU - Extensor carpi ulnaris  
OT – Operational theatre  
EMG – Electromyography  
FIR – First information report