

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:

| Mandatory document | Tendon injury repair | Tendon injury replacement | Tendon Transfer |
|---|-----------------------------|----------------------------------|------------------------|
| i. At the time of Pre-authorization | | | |
| 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. Optional Nerve conduction velocity EMG report MRI report | Yes | Yes | Yes |
| ii. At the time of claim submission | | | |
| 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

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 document | Tendon injury repair | Tendon injury replacement | Tendon Transfer |
|---|-----------------------------|----------------------------------|------------------------|
| i. At the time of Pre-authorization | | | |
| a. Clinical notes – details of accident, signs & symptoms, indication for surgery, and planned line of treatment? | Yes | Yes | Yes |
| b. Was the Medico legal report/ FIR copy submitted if injury due to accident? | Yes | Yes | Yes |
| c. Was the nerve conduction velocity report/ EMG report/ MRI report submitted? | Optional | Optional | Optional |
| ii. At the time of claim submission | | | |
| a. Were the indoor case papers submitted? | Yes | Yes | Yes |
| b. Was the Intra-operative photo submitted? | Optional | Optional | Optional |

| | | | |
|--|-----|-----|-----|
| c. Are the detailed Procedure/ Operation notes submitted? | Yes | Yes | Yes |
| d. Is there a Detailed Discharge Summary mentioning date of follow-up submitted? | Yes | Yes | Yes |

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