

## Guidance document for processing PM-JAY packages

### Corrective Surgery in Club Foot

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Correction of club foot per cast	Correction of club foot per cast	S500089	SB062A	3,000
Corrective Surgery in Club Foot / JESS Fixator	Corrective Surgery in Club Foot / JESS Fixator	New Package	SB063A	12,000+Price of Implant

**ALOS:** 1 day

**Minimum qualification of the treating doctor:**

**Essential:** Diploma in Orthopedics with 5 years' experience

**Desirable:** MS/DNB/ or Equivalent in Orthopedics

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Correction of club foot per cast / Corrective Surgery in Club Foot / JESS Fixator** 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:**

**Correction of club foot per cast:** Congenital club foot is a complex deformity that is difficult to correct. It has tendency to recur until the age of six or seven years. This is usually associated with incomplete correction rather than being secondary to growth alone. When

untreated, children with clubfoot walk on the sides and/or top of their foot results callus formation.

The deformity has four components: Equinus, varus, adductus and cavus.

**Postural or positional** - Technically, these are not true clubfeet

**Fixed or rigid** - These are either flexible (i.e., correctable without surgery) or resistant (i.e., requiring surgical release).

**Management:** the main objective of corrective treatment for club foot is

- To reduce or eliminate these four deformities
- The child/patient has a functional, pain free, plantigrade foot with good mobility and without calluses, and doesn't need to wear modified shoes.
- Initial treatment of a club foot should be non-operative.
- The preferred method is manipulation and application of a plaster cast at a weekly interval.
- The tight ligaments become easily stretchable with manipulation and the alignment of the bones of the foot improves rapidly after the **application of a few casts**.

**Ponseti's method** is the concept that the tissues of a newborn's foot, including tendons, ligaments, joint capsules, and certain bones, will yield to gentle manipulation and casting of the feet at weekly intervals. It has two main phases:

- **The Treatment Phase** - during which time the deformity is corrected completely
- **The Maintenance Phase** - during which time a brace is utilized to prevent recurrence

### **Corrective Surgery in Club Foot / JESS Fixator**

- The most recognizable congenital foot deformity is the clubfoot deformity, which is characterized by plantar flexion of the ankle, inversion of the foot, and adduction of the forefoot
- Clubfoot is a complex foot deformity that is comprised of five fixed deformities.
  - **Hindfoot:** Equinus foot position: short Achilles tendon fixes the foot in plantar flexion Varus position = supination of the calcaneus
  - **Forefoot:** Adductus (Pigeon toe, false clubfoot, metatarsus adductus): medial deviation of the toes (adduction of the forefoot) Supinatus: inversion of the forefoot
  - **Cavus** (high arch): distinct arching of the foot
- **Corrections:** Traditionally, surgery for clubfoot has been indicated when a plateau has been reached in nonoperative treatment.
  - **Manipulative treatment:** the Ponseti-method (manual correction with serial casting.
  - **Achilles tenotomy:** the equinus foot position may be corrected by surgically by lengthening the Achilles tendon with a Z-shaped suture
  - **Foot abduction brace** (or Ponseti brace)



Ilizarov distraction - Clubfoot.



JESS Fixator<sup>1</sup>

### 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	Correction of club foot per cast	Corrective Surgery in Club Foot / JESS Fixator
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes	Yes
b. X-ray/MRI labelled with patient ID, date and side (Left/ Right) of affected part	Yes	Yes
c. Clinical photograph of affected part	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Post procedure clinical photograph with cast	Yes	Yes
c. Invoice/bar code of implant	No	Yes
d. Detailed Procedure / Operative Notes	Yes	Yes
e. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes	Yes
f. Detailed Discharge summary	Yes	Yes

<sup>1</sup> Agrawal, Alok C., Sharath Kowshik, and Bikram Keshari Kar. "Early results of clubfoot management by Joshi's external stabilizing system." Journal of Orthopedics, Traumatology and Rehabilitation 11.1 (2019): 66.

## **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:**

<b>Mandatory document</b>	<b>Correction of club foot per cast</b>	<b>Corrective Surgery in Club Foot / JESS Fixator</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>		
a. Was the clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission submitted?	Yes	Yes
b. Was the X-ray/MRI labelled with patient ID, date and side (Left/ Right) confirming the diagnosis submitted?	Yes	Yes
c. Clinical photograph of affected part	Yes	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>		
a. Are Detailed Indoor case papers (ICPs) submitted?	Yes	Yes
b. Was the post procedure clinical photograph with cast submitted?	Yes	Yes
c. Was the Invoice/bar code of implant submitted?	No	Yes
d. Are the detailed Procedure / Operative notes submitted?	Yes	Yes
e. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part submitted?	No	Yes
f. Is there a Detailed Discharge Summary submitted?	Yes	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 the clinical notes and X-ray report indicative of surgery? Yes

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

#### **References:**

1. Ponseti, Ignacio V. "Treatment of congenital club foot." JBJS 74.3 (1992): 448-454.
2. <http://www.ponseti.info/ponseti-method.html>
3. Jeans, Kelly A., et al. "A longitudinal review of gait following treatment for idiopathic clubfoot: gait analysis at 2 and 5 years of age." Journal of Pediatric Orthopaedics 36.6 (2016): 565-571.
4. Agrawal, Alok C., Sharath Kowshik, and Bikram Keshari Kar. "Early results of clubfoot management by Joshi's external stabilizing system." Journal of Orthopedics, Traumatology and Rehabilitation 11.1 (2019): 66.
5. Bhaskar, Atul. "Congenital vertical talus: treatment by reverse ponseti technique." Indian journal of orthopaedics 42.3 (2008): 347.