

## Guidance document for processing PM-JAY packages

### Corrective Surgery for foot deformities

**Procedures covered: 2**

**Specialty: Orthopedics**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Corrective Surgery for foot deformities	Vertical Talus	New Package	SB061A	15,000	5
Corrective Surgery for foot deformities	Other foot deformities	New Package	SB061B	15,000	5

#### 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 **Corrective Surgery for foot deformities** 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.

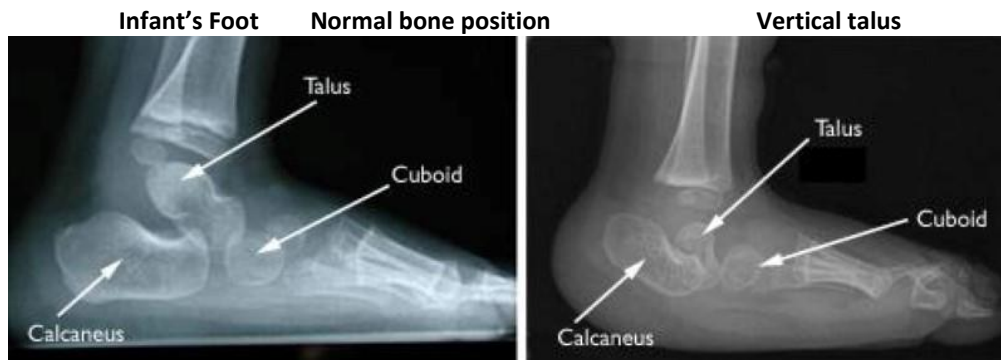
#### 1.2 Clinical key pointers:

##### Vertical talus:

- Is a rigid flat foot deformity characterized by fixed hind foot equinus and an irreducible talonavicular dislocation.

- **Hall mark** is Dorsal subluxation/dislocation of navicular, Equinus talus, Equinus and valgus of calcaneus and foot.
- **Bony changes** include Talus- vertical, articular cartilage present over dorsum of talar head. Calcaneum- lateral translation, valgus.

9 months old Infant Vertical talus in both feet \*Kasser JR



\*Texas Scottish Rite Hospital for Children (Right) Courtesy of Campbell Clinic Orthopedics

### 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	Vertical Talus and Other Foot deformities
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with planned line of Surgery/Treatment	Yes
b. X-ray/MRI labelled with patient ID, date and side (Left/ Right) of affected part	Yes
c. Clinical photograph of affected part	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes

b. Procedure / operation notes	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
d. Post Procedure clinical photograph	Yes
e. Discharge Summary	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:**

<b>Mandatory document</b>	<b>Vertical Talus Other Foot deformities</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Detailed Clinical notes – all vitals, history signs & symptoms, physical examination including local examination, indication for procedure, advise for admission, and planned line of treatment?	Yes
b. Was the X-ray labelled with patient ID, date and side (Left/ Right) submitted?	Yes
c. Was the clinical photograph of affected part submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed Indoor case papers with daily vitals and treatment details available?	Yes
b. Was the Detailed Procedure/Operative notes submitted?	Yes
c. Was the post procedure X-ray labelled with patient ID, date and side (Left/ Right) submitted?	Yes
d. Was the Post Procedure clinical photograph submitted?	Yes
e. Is the Detailed discharge summary submitted?	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 notes and X-ray reports indicative of procedure? Yes

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

#### **References:**

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2. Shalaby, H., and H. Hefny. "Correction of complex foot deformities using the V-osteotomy and the Ilizarov technique." *Strategies in trauma and limb reconstruction* 2.1 (2007): 21-30.
3. Coleman, Sherman S., Frank H. Stelling III, and Jerald Jarrett. "Pathomechanics and treatment of congenital vertical talus." *Clinical Orthopaedics and Related Research*® 70 (1970): 62-72.
4. Seimon, Leonard P., and M. Ch Orth. "Surgical correction of congenital vertical talus under the age of 2 years." *Journal of Pediatric Orthopaedics* 7.4 (1987): 405-411.
5. Seaman, Travis J., and Thomas A. Ball. "Pes Cavus." StatPearls [Internet]. StatPearls Publishing, 2020.
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