

Guidance document for processing PM-JAY packages

Displaced Clavicle Fracture

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Displaced Clavicle Fracture	Displaced Clavicle Fracture	S500023	SB017A	17,000 + Cost of Implant

ALOS: 4 days

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 **Displaced Clavicle Fracture** 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:

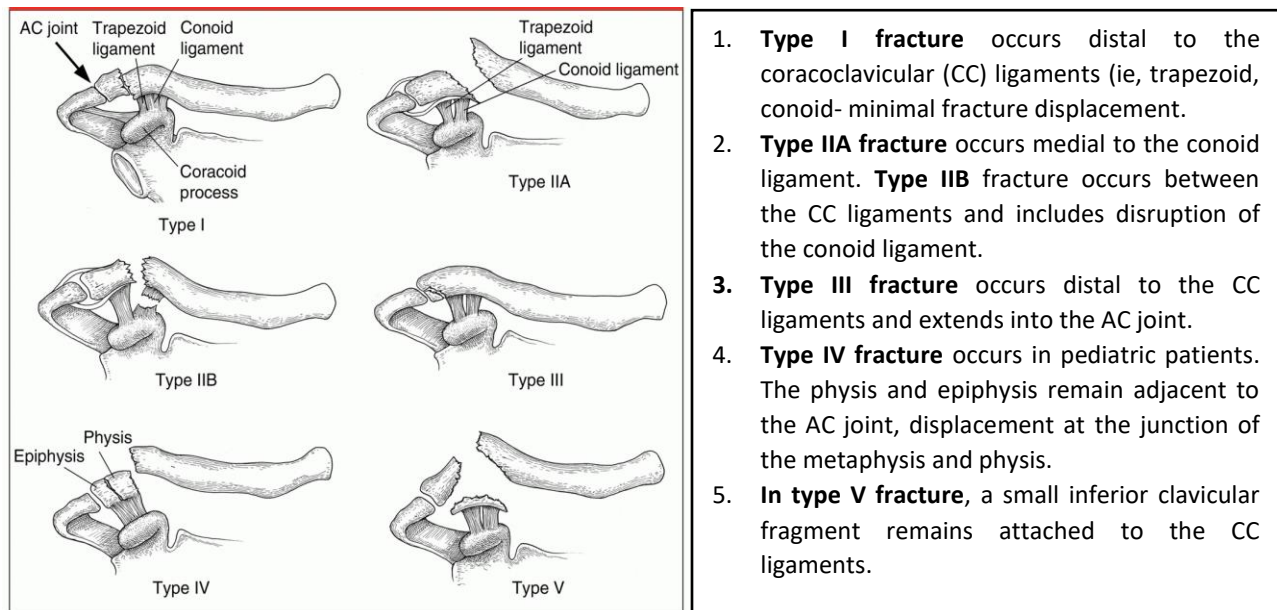
The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection 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:

Displaced Clavicle Fracture Most distal clavicle fractures are the result of a fall onto the distal clavicle or a direct blow to it. Stable fracture patterns generally heal uneventfully with nonsurgical management. Unstable fracture patterns are often associated with longer time to union and notable nonunion rates.

Most commonly, these fractures occur within the middle third of the clavicle and exhibit some degree of displacement. Whereas many midshaft clavicle fractures can be treated nonsurgically.



**JAAOS Surgeons 19(7):392-401, July 2011*

Indications:

- **On physical examination:** Swelling, ecchymosis, and tenderness over the distal clavicle, as well as painful active and passive range of motion (ROM) of the shoulder.
- **Neurologic examination observations** of the shoulder and Upper limb should be documented. Suprascapular nerve injury after distal clavicle fracture need to evaluate.
- **Radiographic evaluation** should include true AP and axillary lateral views of the shoulder.

Management:

- Management of distal clavicle fractures is often challenging because of the difficulty in distinguishing subtle variations in the fracture pattern that may indicate fracture instability.
- **Surgical fixation:** Plate fixation of displaced clavicle fractures has proven to be reliable and reproducible, leading to high union rates and a low rate of associated complications. These procedures include: trans acromial wire fixation, a modified Weaver-Dunn procedure, use of a tension band, CC screw fixation, plate fixation, and arthroscopic treatment.
- type I and III distal clavicle fractures-Nondisplaced: nonsurgical management.
- Type II fractures displaced -with a higher rate of nonunion.

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	Displaced Clavicle Fracture
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Did the Post-procedure X-ray labelled with patient ID, date and side (Left/ Right) showing implant?	Yes
c. Post-procedure clinical photographs	Yes
d. Detailed procedure / Operative Notes	Yes
e. Invoice/barcode of Implant used	Yes
f. Discharge summary with follow-up advise at the time of discharge	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:

- Was the clinical notes X- ray report indicative of procedure? Yes

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

References:

- Formaini, Nathan, et al. "Superior versus anteroinferior plating of clavicle fractures." Orthopedics 36.7 (2013): e898-e904.
- Banerjee, Rahul, et al. "Management of distal clavicle fractures." JAAOS-Journal of the American Academy of Orthopaedic Surgeons 19.7 (2011): 392-401.

