



Guidance document for processing PM-JAY packages

Internal Fixation of Small Bones

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Internal Fixation of Small Bones	Internal Fixation of Small Bones	S500024, S500025, S500058	SB008A	8,500 + Cost of Implant

ALOS (In days): 3 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 **Internal Fixation of Small Bones** 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:

Internal Fixation of Small Bones

Fractures can be treated conservatively or with external and internal fixation. open reduction and internal fixation (ORIF) used to restore bone anatomy, enable early mobilization with the



main goal which is the achievement of prompt and full function of injured part, with rapid rehabilitation of the patient.

The numerous devices used for internal fixation such as: **wires, pins and screws, plates, and intramedullary nails or rods.**

Pins:

- Most commonly used pins are Kirschner (K) wires and Steinman pins.
- These devices are used for temporary fixation of the fracture fragments during fracture reduction, to attach skeletal traction devices, and as guides for the accurate placement of larger cannulated screws

Wires:

- Wires are used alone or more commonly in combination with other orthopedic fixation devices.
- Used to reattach osteotomized bone fragments, in combination with pins or screws to create a tension band, which uses distractive muscular forces to create compression at the fracture site.
- Ex: Cerclage wires, Tension band wire

Screws:

- Screws are commonly used in combination with plates and nails or rods. The use of different types and designs of screws depends on the surgeon's preference.
- Cortical screws are designed to be used in the diaphysis. Cancellous screws are intended to cross long segments of cancellous bone.

Plates:

- Rigid fracture fixation with plates and screws still has an important place and is desirable for fractures that involve an articular surface.
- "Compression plating" applies compression to the fracture ends.
- "Neutralization plating: In cases of severely comminuted fractures, bone loss, or other situations that prevent compression, the plate is applied in neutral mode to hold the fracture fragments in place during healing.

Intramedullary nails or rods:

- Intramedullary nailing is the standard treatment for diaphyseal fractures of the femur and tibia.
- The intramedullary location of the nails provides optimal biomechanical positioning to resist torsion and bending.

Staples and clamps are also used occasionally for osteotomy or fracture fixation.

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	Internal Fixation of Small Bones
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
c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-procedure X-ray labelled with patient ID, date and side (Left/ Right) showing implant	Yes
c. Were Post-operative photographs submitted?	Yes
d. Are the detailed procedure / Operative Notes available?	Yes
e. Invoice of Implant used	Yes
f. Is the 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:

- Are the clinical notes and imaging reports indicative of procedure? Yes

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

References:



1. Mihra S. Taljanovic. Et.al. Fracture Fixation. Special report, RadioGraphics 2003; 23:1569–1590. Published online 10.1148/rg.236035159.