

## Guidance document for processing PM-JAY packages

### Implant Removal under LA, Implant Removal under RA / GA

Procedures covered: 4

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (In days)
Implant Removal under LA	K - Wire	New Package	SB070A	5,000	1
Implant Removal under LA	Screw	New Package	SB070B	5,000	1
Implant Removal under RA / GA	Nail	New Package	SB071A	15,000	2
Implant Removal under RA / GA	Plate	New Package	SB071B	15,000	2

#### 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 **Implant Removal under LA, Implant Removal under RA / GA** 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:**

#### **Implant Removal under LA, Implant Removal under RA / GA**

After fracture healing, an implant plays no role and the question rises whether the implant should be removed and if so, why and when. However, several benefits of removal of implants were acknowledged such as functional improvement and pain relief, the complications of surgical procedure such as neurovascular injury and refractures, whereas the expected outcome is not well determined yet.

Ideally an implant should not be removed before the fracture is solidly united and the implant is no longer serving any purpose.

**Nails:** Nails are used for strong and stable maintain alignment and position, prevent rotation: Interlocking transfixing screws, promotes union: Contact-compressions forces at fracture surface.

- Intramedullary (IM) nails are stress sharing devices and will not cause osteopenia around the implants, they can be left in situ without definite need for their removal.
- Intramedullary implants (nails) should also be removed at 18 months

**Plates:** Bone plating is ideal for preventing potential forces imposed on the fracture, including compression, shearing, rotation, and bending.

- Plates are stress shielding devices and are generally advised to be removed in the lower extremities.
- Plates of long bones should be removed at 18 months.

**K wire:** K-wires are surgical wires that are used to hold bones in a corrected position following surgery. Are usually removed at 3 months.

**Screw:** A screw used in a neutral fashion and Compression fashion, both allows to hold the plate in place, allows movement of the bone fragment relative to the plate as it is tightened. Are usually removed at 3 months.

#### **Indications:**

- Is the patient's choice/demand.
- Pain around the region bearing the implants
- Post-operative infection, protruding implants,
- Broken implants and those adjacent vital structures.
- The removal also due to their own problems that includes neurovascular injuries especially in the hands of junior members of the team, re-fracture, wound sepsis.
- In children, implants should be removed as soon as treatment objectives are achieved to avoid interfering with their growth, those closely related to the growth plate.

**Procedure/Management:** Operative notes include: Preparation for Implant removal surgery: What needs to be removed, why does the implant need removal, when was it implanted, where is the implant located, Is the implant broken, what is the surgical plan.

### 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	Implant Removal under LA/RA/GA
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-op X-ray labelled with patient ID, date and side (Left/ Right) - confirm the removal of Implant	Yes
c. Detailed procedure / operative notes	Yes
d. Detailed 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:**

Mandatory document	Implant Removal under LA/RA/GA
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	

a. Were the Clinical notes, detailing signs, symptoms, examination findings, planned line of treatment & advise for admission submitted?	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) of affected limb submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Are detailed indoor case papers (ICPs) submitted?	Yes
b. Was Post-op X-ray labelled with patient ID, date and side (Left/ Right) confirm the removal of Implant?	Yes
c. Are the detailed procedure / operative notes submitted?	Yes
d. Is there a 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 the clinical notes and X Ray report submitted indicative of diagnosis? Yes

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

#### **References:**

1. Vos, D. I., and M. H. J. Verhofstad. "Indications for implant removal after fracture healing: a review of the literature." *European Journal of Trauma and Emergency Surgery* 39.4 (2013): 327-337.
2. Onche, I. I., O. E. Osagie, and S. INuhu. "Removal of orthopaedic implants: indications, outcome and economic implications." *Journal of the West African College of Surgeons* 1.1 (2011): 101.
3. Bruce Twaddle , Implant removal, AO Trauma ORP. [https://aotrauma.aofoundation.org/-/media/project/aocmf/aotrauma/documents/education\\_pdf/orp\\_handout\\_english\\_implant-removal.pdf](https://aotrauma.aofoundation.org/-/media/project/aocmf/aotrauma/documents/education_pdf/orp_handout_english_implant-removal.pdf)