



Guidance document for processing PM-JAY packages

Open reduction of CDH (Congenital Dysplasia of Hip)

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price
Open reduction of CDH	Open reduction of CDH	S500066	SB034A	20,000

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 10 years of experience

Desirable: MS/DNB in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Open reduction of CDH** 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:

Congenital dislocation of the hip is also known as hip dysplasia or Congenital/developmental dysplasia of the hip (**CDH/DDH**). The term DDH is used in referring to patients who are born with dislocation or instability of the hip, which may then result in hip dysplasia.

Physical examination

- The classic examination finding is revealed with the Ortolani maneuver, in which a palpable "clunk" is present when the hip is directed in and out of the acetabulum and over the neolimbus.
- Barlow described another test for DDH that is performed with the hips in an adducted position, in which slight gentle posterior pressure is applied to the hips. A "clunk" should be felt as the hip subluxate out of the acetabulum.
- The clinical examination for late DDH (age 3-6 months) is quite different. At this point, the hip, if dislocated, is often dislocated in a fixed position. The Galeazzi sign is a classic identifier of unilateral hip dislocation. This is performed with the patient lying supine and the hips and knees flexed. The examination should demonstrate that one leg appears shorter than the other.
- **Ultrasonography:** Ultrasonography (US) has been of substantial benefit in the assessment and treatment of children with developmental dysplasia of the hip (DDH).
- **Plain Radiography** Standard radiographic views for DDH include a standing anteroposterior (AP) view of the pelvis, with the hips in neutral position, and a false profile view in which the patient is standing angled at 65° from the x-ray plate.

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	Open reduction of CDH
i. At the time of Pre-authorization	
a. Clinical notes confirming CDH	Yes
b. X-ray/Ultrasonography –both Hips confirming CDH labelled with patient ID, date.	Yes
c. Clinical photograph	Yes
ii. At the time of claim submission	
a. Post-op X-ray labelled with patient ID, date and side (Left/ Right)	Yes
b. Post Procedure clinical photograph	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	Open reduction of CDH
iii. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes confirming CDH	Yes
b. X-ray/Ultrasonography–both Hips confirming CDH labelled with patient ID, date.	Yes
c. Clinical photograph	Yes
iv. At the time of claim processing- For claims processing doctor (CPD)	
a. Post-op X-ray labelled with patient ID, date and side (Left/ Right)	Yes
b. Post Procedure clinical photograph	Yes
c. detailed Procedure / Operative Notes	Yes
d. Detailed Discharge summary	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. Does Post-op X-ray show the corrected hip dislocation and structure of hip joint? Yes

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

References:

1. Junichi, Tamai. "Questions & Answers." *Developmental Dysplasia of the Hip Questions & Answers*, Medscape, 6 Feb. 2020, emedicine.medscape.com/article/1248135-questions-and-answers.
2. Committee on Quality Improvement, Subcommittee on Developmental Dysplasia of the Hip. "Clinical practice guideline: early detection of developmental dysplasia of the hip." *Pediatrics* 105.4 (2000): 896-905.