



Guidance document for processing PM-JAY packages

Patellectomy

Procedures covered: 1

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price
Patellectomy	Patellectomy	S500071	SB035A	11,000

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 **Patellectomy**, 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:

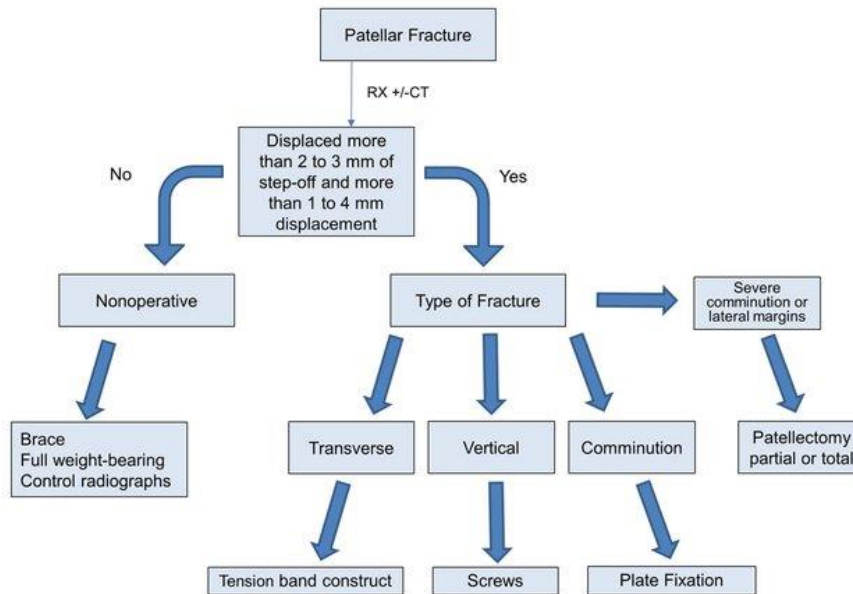
Patellectomy is indicated as the last choice of treatment in certain situations including:

- Comminuted fractures, advanced chondromalacia, osteoarthritis, dislocations, infections, tumoral conditions

Surgical methods in patellectomy

- **Partial patellectomy:** when the fracture of the patella consists of one main proximal fragment, and enough reduction and stable fixation is unlikely to be achieved and partial patellectomy has to be considered
- **Patellectomy:** Preservation of the patella is deemed necessary to preserve the extensor mechanism, is giving encouraging results in osteoarthritis of the knee joint, particularly when the process is confined to the patellofemoral segment. Also, the treatment of advanced chondromalacia and recurrent dislocation of the patella.

Clinical Pathway for Patellar fracture and management:



S Steinmetz et al 2020

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	Patellectomy
i. At the time of Pre-authorisation	
a. Clinical notes	Yes
b. X-ray of the patella justifying the procedure with patient ID, date and side (Left/ Right)	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Post Procedure clinical photograph	Yes

b. Post procedure imaging study (X Ray)	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-authorisation 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	Patellectomy
iii. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes	Yes
b. X-ray of the patella justifying the procedure with patient ID, date and side (Left/ Right)	Yes
c. Clinical photograph of affected part	Yes
iv. At the time of claim processing- For claims processing doctor (CPD)	
a. Post Procedure clinical photograph	Yes
b. Post procedure imaging study (X Ray)	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:

- Does the Post procedure imaging study (X Ray) of knee joint shows the removal of Patella? – Yes

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



References:

1. Günal, Izge, and Vasfi Karatosun. "Patellectomy: an overview with reconstructive procedures." *Clinical Orthopaedics and Related Research*® 389 (2001): 74-78.
2. W.Russell MacAusland M.D .Total patellectomy: Report of twenty-eight cases.. The American Journal of Surgery, Volume 87, Issue 2, February 1954, Pages 221-226.
3. Steinmetz, Sylvain, et al. "Practical guidelines for the treatment of patellar fractures in adults." *Swiss Medical Weekly* 150.0102 (2020).