

Nordic Casemix Centre - Case #272

Task # 11 (Closed): Delivery of minor update proposals for NordDRG 2015

New therapy for Dupuytren's Contracture

2014-02-27 12:45 - Anonymous

Status:	Accepted	Start date:	2014-02-25
Priority:	Minor	Spent time:	0.00 hour
Assignee:			
Category:			
Target version:	Expert Group 2014		
Initiator:	Norway	Target year:	2015
Case type:		Owner / responsible:	Nordic Casemix Centre
MDC:		Old forum status:	
Target Grouper:			

Description

National ID: HD-0034

Initiated: 2014-02-24

Initiator: Norwegian Directorate of Health

Problem

A new conservative treatment for Dupuytren's contracture has been introduced. The actual product is called Xiapex, administered by local injection of collagenase. Around 24 hours after the injection, the finger can then be straightened by performing a 'finger extension procedure' whereby it is stretched out for around 10 to 20 seconds to help disrupt the cord. Only one cord should be treated at a time. If one injection and finger extension has not brought about a satisfactory response, the procedure may be repeated at monthly intervals up to a maximum of three injections per cord.

It has been possible to register the treatment since 2012 with a Norwegian procedure code WBG70 combined with ATC-code, but the registration is not complete and we don't know with certainty how often this treatment is used. Our data indicates a frequency on appr. 3000 cases per year.

The cost for one injection is about 9000 NOK. The Norwegian hospitals have therefore suggested that cases with this treatment should be assessed in a "better" DRG.

Analysis

Suggestion

Norwegian directorate of health – 2014-02-25

We suggest that NordDRG Experts discuss a potential DRG assessment for Xiapex treatment.

We have no idea about the treatment practice in other Nordic countries, and whether other countries have identified this issue.

History

#1 - 2014-02-27 12:45 - Anonymous

- Parent task deleted (#95)

#2 - 2014-03-13 11:57 - Martti Virtanen

2014-03-13 Martti Virtanen

The Norwegian code WBG70 is mapped to an unspecific code ZXXX98 'Other local administration'. If the proposal is put forward, a more specific NCSP+ code might be needed.

The use of ATC-codes is problematic and needs further development.

#3 - 2014-03-13 13:53 - Anonymous

- Parent task set to #11

#4 - 2014-03-18 09:12 - Martti Virtanen

2014-03-17 Martti Virtanen

I just realized that this is actually the same matter as cases #255 and #282. The Swedish code DN010 (Sluten fasciotomi) or closed fasciotomy seems to be exactly the same intervention as the Norwegian (and Latvian) WBG70. The price information is interesting since Sweden is proposing DN010 to have no properties at all.

#5 - 2014-03-24 16:54 - Anonymous

Comment Expert Group 2014-03-24

Decision is made in #255.

#6 - 2014-03-27 11:20 - Martti Virtanen

- Description updated

#7 - 2014-03-27 11:54 - Martti Virtanen

2014-03-27 Martti Virtanen

The problem in this case is in the terminology used. The Swedish intervention DN010 'Closed fasciotomy' is used only for the very specific intervention on Dupuytren contracture. The stretching after injection of medication results in rupture of the fascia causing the Dupuytren.

It was decided to add to NCSP+ a specific code just for this intervention. This code is placed on the correct anatomical position in the classification ND 'Wrist and hand' after NDXT00 'Forcible manipulation of joint of wrist or hand' to which the intervention is closely related.

This model leaves open the question about how to handle the high cost of the therapeutic process as a whole represented from Norway (case # 272). Sweden applies the code TND03 'Percutaneous/closed fasciotomy' (NXXM00) for this situation. As can be seen from the code ('ND' refers to hand) and from the fact that Sweden wants this code to have the property 08X14 'Problem of the hand', the idea is that the intervention is really 'Percutaneous fasciotomy of hand'. That will be added to NCSP+ to correct location that is NDXM00 (NDSM are open fasciotomies)

The problem represented by Norway can now be solved by adding code corresponding NDXM00 and which can then be used in the grouping.

Since no code of the type NDXM00 (TND03) exist in any other version this problem cannot be solved now. This solution solves the discrepancies within SWE system.

Technical change

Two new codes are added to NCSP+

NDXT05 'Stretching of Dupuytren contracture' linked with SWE DN010

NDXM00 'Percutaneous fasciotomy of hand' linked with SWE TND03

The properties

NDXT05 will have no properties. The property 00X99 is generated automatically.

NDXM00 will have properties 08X14, OR=2 and 08V06 'Minor incision of musculoskeletal soft tissue' as TND03 has had in SWE.

NXXM00 is retained in the system. It is not used by any national version.

DRG change

The Swedish codes DN010 and TND03 retain the properties they have had and there is no change in the DRG assignment.

Other versions are not affected.

#8 - 2015-02-06 11:31 - Anonymous

- *Status changed from Active to Accepted*