



## Guidance document for processing PM-JAY packages

### Pressure Sore – Surgery

Procedures covered: 1

Specialty: Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Pressure Sore – Surgery	Pressure Sore – Surgery	S1000008	SP001A	30,000

**ALOS:** 3 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB equivalent in Plastic Surgery/ Reconstructive Surgery

**Special empanelment criteria/linkage to empanelment module:** Care at Tertiary care facilities

#### Disclaimer:

For monitoring and administering the claim management process of **Pressure Sore – Surgery**, 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 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:**

Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

**Pressure sore- Surgery:** Bed sores/Pressure ulcers are areas of skin and tissue damage that result largely from people remaining immobile, unconscious, or unable to sense pain such as spinal cord injuries, non-ambulatory individuals, with systemic disease such as diabetes, people in intensive care, incapacitated through intoxication, patients who are lying in bed, sitting in a wheelchair, or wearing a cast for a prolonged time, elderly population are most vulnerable. Bed sores are also called as pressure injuries, pressure sores, pressure ulcers, or decubitus ulcers.



**Reasons for bed sores:** Skin that are under pressure and parts where there is less fat restricts blood flow to the skin and underlying tissues which can lead them to break down. become more vulnerable to infections.

**Common areas** often bedsores happen on: Gluteal region, Heels of the feet, shoulder blades, back of the head, posterior knee.

**Classification of Bed sores:** Pressure ulcers can be classified using a staging system where

- Stage I Ulcers still have intact skin, - **Non-blanchable erythema:**
- Stage II Ulcers: **Partial thickness:** involve partial skin and tissue loss and are often shallow wounds and
- Stage III Ulcers: **Full thickness skin loss,** ulcers are open wounds with deeper tissue damage.
- Stage IV Ulcers: **Full thickness tissue loss:** Ulcers with exposed bone, tendon or muscle.

**Surgical management:** Reconstructive surgery is often reserved for deep or hard to heal pressure ulcers, or both. These surgeries involve removal of dead tissue from the wound and then use of fat, muscle and/or skin from other parts of the patient's body to fill the wound cavity.

- **Primary wound closure** involves direct advancement of the wound edges either directly or in layers to close the wound
- **Skin grafts:** involve harvesting a thin piece of skin that is surgically removed from a donor area to replace skin in the defect or denuded area
- **Local random pattern flaps:** this reconstructive surgery involves moving the local tissues around the wound, based on a random pattern of blood supply, into the wound defect.
- **Regional flaps including:** Muscle or musculocutaneous flaps, fascial or fasciocutaneous flaps; perforator flaps
- **Free flaps:** involves raising a defined island of tissue with an artery and vein that is surgically detached and moved to the site of the wound where other local arteries or veins of similar size are identified and then the vessels are surgically anastomosed to re-establish blood flow to the island of tissue.
- **Tissue expansion:** a gradual increment and recruitment of tissue surrounding a pressure ulcer.

### 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	Pressure Sore – Surgery
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes detailing events that led to pressure sores	Yes
b. Supporting reports and Clinical photograph.	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers and treatment given	Yes
b. Detailed procedure/Operative notes	Yes



c. Post procedure clinical photograph of the affected part	Yes
d. Discharge summary and follow up details	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

## **PART III: GUIDELINES FOR IT**

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:**

- a. Did the clinical notes detailing events/clinical photograph justify the need for procedure submitted? Yes

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

### **References:**

1. Wong, Jason KF, Kavita Amin, and Jo C. Dumville. "Reconstructive surgery for treating pressure ulcers." Cochrane Database of Systematic Reviews 12 (2016).
2. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/bedsores>