



Guidance document for processing PM-JAY packages

Skin and soft tissue infections

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Skin and soft tissue infections	Skin and soft tissue infections	New Package	MG024A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS(days): 2-5 days

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: MD/DNB/equivalent (in General Medicine, Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Skin and soft tissue infections** for 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:

Proceed with Skin and soft tissue infections only if diagnosis made is backed by clinical manifestation:

Bacteriology and Clinical Features of Skin and Soft Tissue Infections

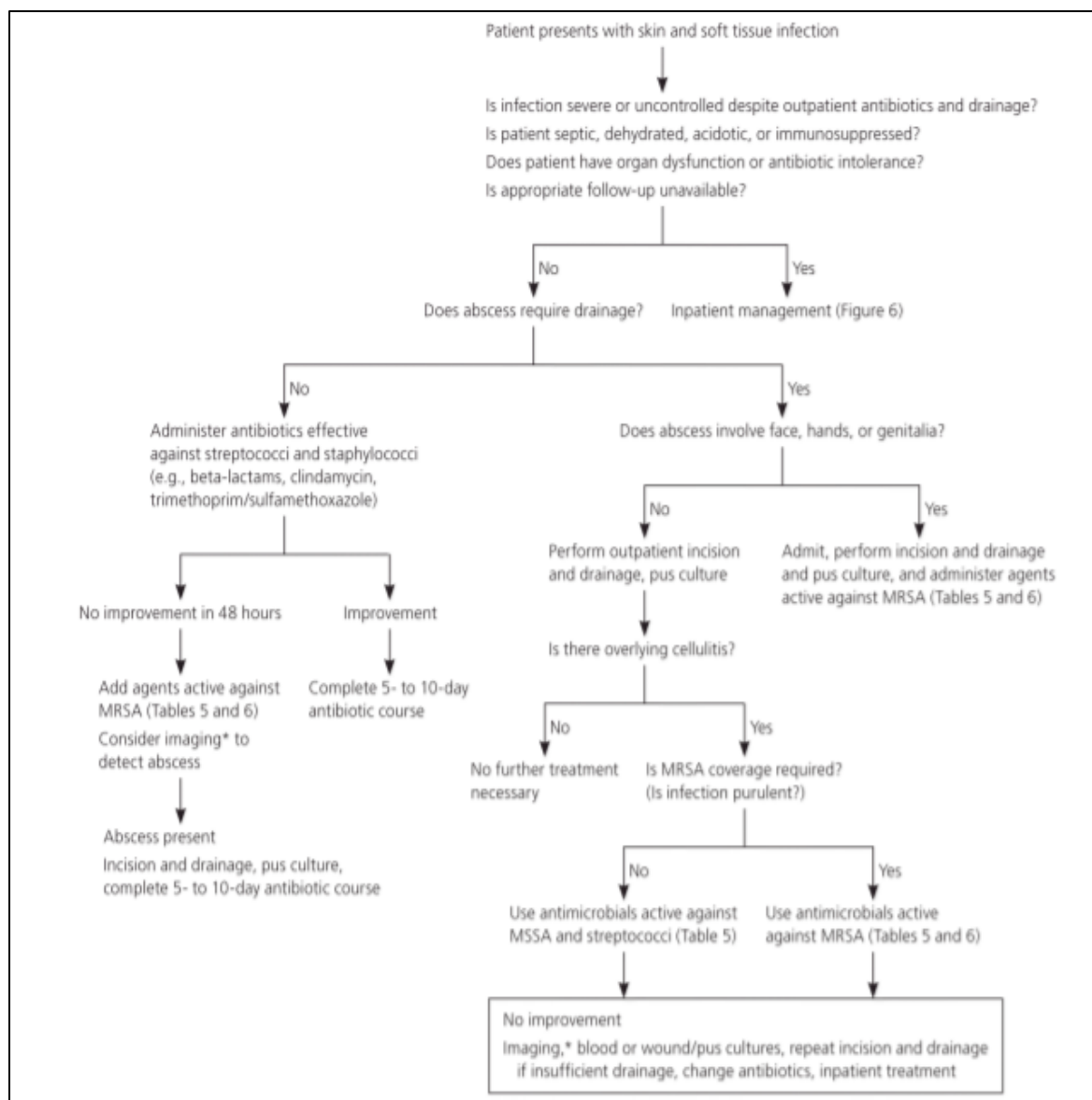
Infection	Microbiology	Clinical features
Abscess	<i>Staphylococcus aureus</i> , <i>Streptococcus</i> , anaerobes (often polymicrobial)	Collection of pus with surrounding granulation; painful swelling with induration and central fluctuance; possible overlying skin necrosis; signs or symptoms of infection*; features attenuated in cold abscess; recurrent abscesses with sinus tracts and scarring in axillae and groin occur in hidradenitis suppurativa
Bites (human, animal)	Polymicrobial (<i>Bacteroides</i> , <i>Bartonella henselae</i> , <i>Capnocytophaga canimorsus</i> , <i>Eikenella corrodens</i> , <i>Pasteurella multocida</i> , <i>Peptostreptococcus</i> , <i>S. aureus</i> , <i>Streptobacillus moniliformis</i>)	Cat bites become infected more often than dog or human bites (30% to 50%, up to 20%, and 10% to 50%, respectively); infection sets in 8 to 12 hours after animal bites; human bites may transmit herpes, hepatitis, or human immunodeficiency virus; may involve tendons, tendon sheaths, bone, and joints
Clostridial myonecrosis (gas gangrene)	<i>Clostridium</i> (usually <i>C. perfringens</i> , <i>C. septicum</i>)	Traumatic or spontaneous; severe pain at injury site followed by skin changes (e.g., pale, bronze, purplish red), tenderness, induration, blistering, and tissue crepitus; diaphoresis, fever, hypotension, and tachycardia
Erysipelas, cellulitis	Beta-hemolytic streptococci, <i>Haemophilus influenzae</i> (children), <i>S. aureus</i>	Erysipelas: usually over face, ears, or lower legs; distinctly raised inflamed skin Cellulitis: over areas of skin breakdown Signs or symptoms of infection,* lymphangitis or lymphadenitis, leukocytosis
Folliculitis	<i>Candida</i> , dermatophytes, <i>Pseudomonas aeruginosa</i> , <i>S. aureus</i>	Infection or inflammation of the hair follicles; tends to occur in areas with increased sweating; associated with acne or steroid use; painful or painless pustule with underlying swelling
Fournier gangrene	Polymicrobial	Genital, groin, or perineal involvement; cellulitis, and signs or symptoms of infection* followed by suppuration and necrosis of overlying skin
Furuncle, carbuncle (deep folliculitis)	<i>S. aureus</i>	Walled-off collection of pus; painful, firm swelling; systemic features of infection; carbuncles are larger, deeper, and involve skin and subcutaneous tissue over thicker skin of neck, back, and lateral thighs, and drain through multiple pores
Impetigo (non-bullous, bullous)	Beta-hemolytic streptococci, <i>S. aureus</i>	Common in infants and children; affects skin of nose, mouth, or limbs; mild soreness, redness, vesicles, and crusting; may cause glomerulonephritis; vesicles may enlarge (bullae); may spread to lymph nodes, bone, joints, or lung
Necrotizing fasciitis	Type 1: polymicrobial Type 2: monomicrobial	Spreading infection of subcutaneous tissue; usually affects genitalia, perineum, or lower extremities; severe, constant pain; signs or symptoms of infection*; overlying redness and cutaneous anesthesia; edema and induration of apparently uninvolved tissues; skin crepitus; progression despite antibiotics

Common symptoms:

- Erythema
- Warmth
- Edema
- Pain over the affected site
- Fever

Systemic features of infection may follow, their intensity reflecting the magnitude of infection. The lower extremities are most commonly involved. Induration is characteristic of more superficial infections such as erysipelas and cellulitis. Patients with necrotizing fasciitis may have pain disproportionate to the physical findings, rapid progression of infection, cutaneous anesthesia, hemorrhage or bullous changes, and crepitus indicating gas in the soft tissues. Tense overlying edema and bullae, when present, help distinguish necrotizing fasciitis from non-necrotizing infections.

Initial Management of a Patient with Skin and Soft Tissue Infection



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	Skin and soft tissue infections
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. CBC, ESR, LFT, Sr. Creatine reports	Yes

c. C-reactive protein level report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers with treatment details	Yes
b. Post treatment CBC, ESR, LFT, Sr. Creatinine reports	Yes
c. 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 documents	Skin and soft tissue infections
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes, detailing history and Admission notes showing vitals (BP, Pulse) and examination findings submitted?	Yes
b. Was the CBC, ESR, LFT, Sr. Creatine report submitted?	Yes
c. Was the C-reactive protein level report submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD):	
a. Was the detailed Indoor Case Papers with treatment details submitted?	Yes
b. Was the post treatment CBC, ESR, LFT, Sr. Creatinine reports submitted?	Yes
c. Was the 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:

Skin and soft tissue infections:

1. Was infection severe or uncontrolled despite outpatient antibiotics and drainage? Yes



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

References:

1. KALYANAKRISHNAN RAMAKRISHNAN, MD, Skin and Soft Tissue Infections, 2015 Sep 15;92(6):474-483, <https://www.aafp.org/afp/2015/0915/p474.html#sec-5>