



## Guidance document for processing PM-JAY packages

### Skin Flaps - Rotation Flaps/ Tissue Reconstruction Flap

Procedures covered: 2

Specialty: Plastic & Reconstructive Surgery/General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in Days)
Skin Flaps - Rotation Flaps	Skin Flaps - Rotation Flaps	S100225	SG091A	11,400	1
Tissue Reconstruction Flap	Tissue Reconstruction Flap	S100245	SG089A	25,000	5

#### Minimum qualification of the treating doctor:

**Essential:** MCh/DNB or Equivalent in Plastic Surgery/ Reconstructive Surgery/General Surgery

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

#### Disclaimer:

For monitoring and administering the claim management process of **Skin Flaps - Rotation Flaps/Tissue Reconstruction Flap**, 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.

**A flap** consists of any tissue that survives based on its own blood supply. The tissue components such as skin, muscle, bone etc can be included in the flap.

- They can be **classified** as local, regional or distant depending on their contiguity from the defect to be covered.

Local flap: tissue that is taken from an adjacent area to the defect. It can be transferred as a rotation, transposition or an advancement flap.

Regional flap: the donor area is located near to the defect but not in immediate proximity

Distant flap: the donor area is in a different part of the body. It can be transferred as pedicled or a free flap. In a pedicled flap, the flap remains attached to the donor site at its base. Whereas, in a free flap, it is completely detached from the donor site and is reattached at the recipient site by anastomosis of the vessels.

- Indications: To cover defects with exposed bone, tendon, cartilage, vessels or other vital structures. A functioning flap can also be done to provide a lost function at the recipient site such as functioning gracilis muscle transfer in facial nerve palsy or brachial plexus palsy.
- Advantages: good color and texture match can be provided, provides pliable tissue therefore, good for covering joints as it does not restrict motion across the joint, can be used to cover exposed bone and critical structures as it has its own blood supply, better functional and cosmetic outcomes.

### 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 Flaps - Rotation Flaps	Tissue Reconstruction Flap
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes detailing original pathology	Yes	Yes
b. Previous surgery report and indication of current procedure	Yes	No
c. Evidence of confirmed diagnosis of Leprosy (If applicable)	No	Yes
d. Clinical photograph.	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Indoor case papers	Yes	Yes
b. Detailed procedure/Operative notes	Yes	Yes
c. Post procedure clinical photograph of the affected part	Yes	Yes
d. Discharge summary	Yes	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:**

<b>Mandatory document</b>	<b>Skin Flaps - Rotation Flaps</b>	<b>Tissue Reconstruction Flap</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>		
a. Were the Clinical notes detailing original pathology submitted?	Yes	Yes
b. Did Previous surgery report and indication for current procedure submitted?	Yes	No
c. Evidence of confirmed diagnosis of Leprosy (If applicable)	No	Yes
d. Clinical photograph submitted?	Yes	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>		
a. Are the detailed Indoor case papers submitted?	Yes	Yes
b. Were the detailed procedure/Operative notes provided	Yes	Yes
c. Was the Post procedure clinical photograph of the affected part submitted?	Yes	Yes
d. Was the discharge summary report submitted?	Yes	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:**

- Was the Clinical notes detailing original pathology and Clinical photograph are indicative of procedure? Yes

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



## References:

1. Nakajima, Hideo, Toyomi Fujino, and Shu Adachi. "A new concept of vascular supply to the skin and classification of skin flaps according to their vascularization." *Annals of plastic surgery* 16.1 (1986): 1-19.
2. Mathes, S. J. "Flap classification and applications." *Plastic surgery* (2006): 365-482.
3. Fisher, J., and M. K. Gingrass. "Basic principles of skin flaps." *Textbook of Plastic, Maxillofacial, and Reconstructive Surgery*. Baltimore: Williams and Wilkins (1997): 19-28.
4. <https://www.uptodate.com/contents/overview-of-flaps-for-soft-tissue-reconstruction>