



Guidance document for processing PM-JAY packages

Free Grafts - Wolfe Grafts/Split thickness skin grafts

Procedures covered: 4

Specialty: General Surgery, Plastic & Reconstructive Surgery, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Free Grafts - Wolfe Grafts	Free Grafts - Wolfe Grafts	S100167	SG088A	14,000	1 day
Split thickness skin grafts	Small (< 4% TBSA)	S100164	SG090A	13,500	1 day
Split thickness skin grafts	Medium (4 - 8% TBSA)	S100165	SG090B	13,500	1 day
Split thickness skin grafts	Large (> 8% TBSA)	S100166	SG090C	13,500	1 day

Minimum qualification of the treating doctor:

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

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

Disclaimer:

For monitoring and administering the claim management process of **Free Grafts - Wolfe Grafts/Split thickness skin grafts**, 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. Restoration of an intact skin barrier is of critical importance following wound and may be achieved in numerous ways, including skin grafting.

Skin Grafting: Transfer of skin from one area to other without its inherent blood supply.

- Is used to cover wounds where skin has been lost. Early cover with a skin graft reduces fluid, electrolyte, protein and other nutrient loss from the body. Common reasons for a skin grafting procedure include: deep burns, skin infections, loss of skin following trauma, post skin cancer surgery.
- They can be Isografts, Allografts, Xenografts.
- Skin grafts are classified as Full thickness or split thickness grafts, based on their thickness

Full thickness Skin Graft

- Is generally used to resurface small defects where cosmetic outcome is of importance. It includes both epidermis and full thickness dermis.
- Indications: Surgically created raw areas on Face and hands.
- Donor areas: supraclavicular, post auricular, sub mammary, antecubital and inguinal regions.
- Advantages: better color and texture match, less secondary contraction, better sensation and retention of sebaceous glands and hair follicles.
- Disadvantages: can be used only for small areas as take of large full thickness grafts can be problematic and larger donor sites cannot be closed primarily.

Split thickness skin grafts

- Includes full epidermis and part of dermis.
- Indications: used to cover post burn, post traumatic, post infective or any other raw areas
- Donor areas: Thighs, Abdomen, inner and outer arm, inner forearm, back, scalp
- Advantages: large areas can be covered, meshing can be done to expand the graft
- Disadvantage: greater secondary contraction, poor color and texture match, poor sensation

Procedure of grafting involves: Involves: Donor site selection, wound preparation, graft harvest, graft placement on the raw area, dressing.

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	Wolfe Grafts/Split thickness skin grafts
i. At the time of Pre-authorization	
a. Clinical notes detailing original pathology (In case of Split thickness skin graft time of burn)	Yes
b. Supporting reports and clinical photograph.	Yes
ii. At the time of claim submission	



a. Detailed Indoor Case Papers (ICPs)	Yes
b. Detailed procedure/Operative notes	Yes
c. Post procedure clinical photograph of the affected part	Yes
d. 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 document	Wolfe Grafts/Split thickness skin grafts
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Were the Clinical notes detailing original pathology (In case of Split thickness skin graft Time of burns) submitted?	Yes
b. Supporting reports and Clinical photograph submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed ICPs with daily vitals and treatment details?	Yes
b. Are the detailed procedure / Operative Notes available?	Yes
c. Was the Post procedure clinical photograph of the affected part submitted? (Optional)	Yes
d. Was the discharge summary report 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:

- a. Was clinical notes, clinical photograph indicative of procedure? Yes

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



References:

1. Proctor, Matthew, et al. "Wolfe Graft: Monitoring Success." *British Journal of Oral and Maxillofacial Surgery* 55.10 (2017): e121.
2. Prohaska, Joseph, and Christopher Cook. "Skin grafting." *StatPearls* [Internet]. StatPearls Publishing, 2019.