

Guidance document for processing PM-JAY packages

Debridement & Closure of injuries - contused lacerated wounds

Procedures covered: 2

Specialty: Orthopedics

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (In days)
Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 5 sessions	S500035	SB052A	10,900	6
Debridement & Closure of injuries - contused lacerated wounds	Anti-biotic + dressing - minimum of 2 sessions	S500036	SB052B	3,000	1

Minimum qualification of the treating doctor:

Essential: Diploma in Orthopedics with 10 years of experience

Desirable: MS/DNB/Equivalent in Orthopedics

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Debridement & Closure of injuries - contused lacerated wounds** 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:

- **Lacerations** are caused when trauma exceeds intrinsic tissue strength
 - Skin torn by blunt injury over a bony prominence such as the scalp

- Tissue damage may not be extensive, and primary suturing may be possible.
- Sterile skin closure strips may be appropriate in some circumstances—for example, in pretibial laceration, as suturing causes increased tissue tension, with the swelling of early healing and inflammation leading to more tissue loss.
- **Contusions** are caused by more extensive tissue trauma after severe blunt or blast trauma.
 - The overlying skin may seem to be intact but later become non-viable. Large hematomas under skin or in muscle may coexist; if they are superficial and fluctuant, they can be evacuated with overlying necrosed skin.
 - Extensive contusion may lead to infection (antibiotic prophylaxis should be considered in open wounds) and compartment syndromes (fasciotomy will be needed to preserve a limb).

Types of traumatic and surgical wounds

Type of wound	Result	Cause
Incision	Penetrating	Surgical (rarely, trauma)
Laceration	Torn tissue	Usually trauma
Contusion	Extensive tissue damage	Usually trauma; skin may be intact
Abrasion	Superficial epithelial	Usually trauma
Combination	Usually severe trauma	Life threatening

- **Management:** The primary goal of debridement is to remove all the devitalized tissue from the wound bed to promote wound healing. Debridement is also used for removal of biofilm, bioburden along with senescent cells, and it is suggested to be performed at each encounter.

Indications for debridement:

- Schiffman et al. include the following as common indications for sharp surgical debridement.
 - Removal of the source of sepsis, mainly necrotic tissue, Removal of local infection to decrease bacterial burden, to reduce the probability of resistance from antibiotic treatment, and to obtain accurate cultures
 - Collection of deep cultures taken after debridement from the tissue left behind to evaluate persistent infection and requirements for systemic antibiotic treatment, Stimulation of the wound bed to support healing and to prepare for a skin graft or flap

Antibiotic therapy:

- The risk of infection in traumatic wounds is reduced by adequate wound cleansing and debridement with removal of any non-viable tissue and foreign material.
- If severe contamination is present, broad spectrum antibiotic prophylaxis is indicated and should be extended as specific therapy as recommended for surgical wounds that are classed as “dirty” or when there are early signs of infection.
- Traumatic wounds need tetanus prophylaxis (parenteral benzylpenicillin and tetanus toxoid, depending on immune status).
- Strong evidence supports the use of antibiotic prophylaxis and treatment for surgical wounds that are classed as “clean contaminated” or “contaminated.”
- The value of antibiotic prophylaxis in “clean” wounds is controversial but is widely accepted in prosthetic surgery (such as hip and knee replacement and synthetic vascular bypass surgery).

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	Debridement & Closure of injuries - contused lacerated wounds Anti-biotic + dressing minimum of 2 session / 5 sessions
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) - affected part and confirming the diagnosis	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Post-procedure clinical photograph	Yes
c. Evidence of dressing sessions	Yes
d. Detailed Procedure / Operative Notes	Yes
e. 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 document	Debridement & Closure of injuries - contused lacerated wounds Anti-biotic + dressing minimum of 2 session / 5 sessions
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) - affected part and confirming the diagnosis	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Detailed Indoor Case Papers (ICPs)	Yes
b. Post-procedure clinical photograph	Yes
c. Evidence of dressing sessions	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Detailed Discharge summary	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:

- I. Does the clinical photograph of affected area classify the type of lacerated/Contusion wound? – Yes
- II. Does the Post Procedure evidence of 2/5 sessions were produced? – Yes

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

References:

1. Manna, Biagio, and Christopher A. Morrison. "Wound debridement." *StatPearls [Internet]*. StatPearls Publishing, 2019.
2. Leaper, David J. "Traumatic and surgical wounds." *Bmj* 332.7540 (2006): 532-535.