



Guidance document for processing PM-JAY packages

Debridement of Ulcer

Procedures covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Debridement of Ulcer with follow up dressings	Debridement of Ulcer	S100244	SG086A	5,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in General Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Debridement of Ulcer**, 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:

Wounds can be classified as acute or chronic and further as arterial, venous, trophic, malignant, etc. Chronic wounds can be defined as an ulcer present at least for 6 weeks. An ulcer is a discontinuity of an epithelial surface. Debridement is the process of removing dead (necrotic) tissue or foreign material from and around a wound to expose healthy tissue.

Classification and clinical assessment of wounds

Type of ulcer	Clinical assessment	Investigation
Arterial	Involves deep fascia or deeper structure, Decreased or absent distal pulses	Doppler US (ABPI < 0.8)
Venous	Involves skin, subcutaneous fat Tortuous long/short saphenous veins Perforators incompetence	Doppler US/Venography
Tubercular	Undermined edge	Edge biopsy
Trophic	Punched out	
Malignant	Raised/everted margin No evidence of granulation tissue	Edge biopsy

STANDARD TREATMENT GUIDELINES. 2016. Department of Public Health & Family Welfare, Madhya Pradesh

Chronic wounds

Identify and treat the predisposing factors.



Causes

- Diabetes mellitus
- Peripheral arterial or venous disease
- Severe anaemia
- Protein deficiency
- Rheumatoid arthritis
- Systemic vasculitis
- Cushing's syndrome
- Systemic steroid therapy.

Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department Government of Tamil Nadu

Management

Nonpharmacological

- Encourage daily bath; avoid walking bare foot or using slippers with interdigital bars
- Reduce standing or excessive walking; wear elastic stockings
- Elevation of leg and foot end of the bed while sleeping and leg exercises to activate the calf muscle pump in leg ulcers

Pharmacological

- Identify the microorganism and treat accordingly.
- Send pus / discharge for culture and sensitivity (microbiology)
- Exhibit appropriate antibiotics. Tubercular ulcer is treated with antitubercular drug for a minimum period of 6 months

Surgical treatment

- Surgical debridement in ulcers associated with necrotic tissue or slough. Clean the wound with physiological normal saline or tapwater only (antiseptics delay wound healing)

- Daily dressing: Gauze adheres to the woundbed and it may remove viable tissue from the wound surface on removal, resulting in delayed wound healing. Some of the commonly used dressings are:
 - Occlusive (moisture retentive) dressings (Hydrocolloid gel) in case of clean and shallow ulcers without any pus discharge or other features of infection. Occlusive dressings have barrier properties that enable to prolong the presence of moisture and wound fluid in the wound bed
 - Calcium alginate dressing: For bleeding wounds and wounds with a cavity

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 of ulcer
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of procedure and planned line of management	Yes
Clinical Photographs of the affected part	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-procedure photographs	Yes
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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):



- a. Clinical notes - detailed history, signs & symptoms, planned lined of treatment, indication for procedure?
- b. Did clinical presentation confirm the diagnosis?

2.2.2 At the time of claim processing- For claims processing doctor (CPD):

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Was the clinical evaluation \pm photograph indicative of procedure?
- d. Is the Discharge summary with follow-up advise at the time of discharge?

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:

- I. Was clinical presentation/assessment \pm photograph indicative of procedure? Yes

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

References

1. Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department Government of Tamil Nadu
2. STANDARD TREATMENT GUIDELINES. 2016. Department of Public Health & Family Welfare, Madhya Pradesh