



## Guidance document for processing PM-JAY packages

### Incision & Drainage of Abscess

Procedure covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Incision & Drainage of Abscess	Incision & Drainage of Abscess	S100024	SG084A	5,000

**ALOS:** 1-2 Days

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (in Pediatric Surgery)

**Special empanelment criteria/linkage to empanelment module:** None

#### Disclaimer:

For monitoring and administering the claim management process of **Incision & Drainage of Abscess**, 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:

An abscess is a localized collection of pus (dead and dying neutrophils plus proteinaceous exudate). Skin-puncturing trauma is the most common cause. *S. aureus* is the most common pathogen, followed by *Streptococcus*. Abscesses are often found in the soft tissue under the skin such as the armpit or the groin. Abscesses are far more serious and call for more specific treatment if they are located in deep organs such as the lung, liver, or brain.

#### Management

Treatment consists of incision and drainage with appropriate debridement, wound cultures, wound packing, elevation, immobilization, and antibiotics. Incision and drainage should be performed once the abscess is “ripe” i.e. red and inflammatory swelling, painful, sometimes with fistula, fluctuant upon gentle palpation.

## **PYOGENIC ABSCESS**

### **Symptoms**

The patient feels ill and complains of throbbing pain at the site. Throbbing pain is indicative of pus and is due to pressure on the nerve endings by the pus. Fever, with or without chills and rigors, can be present.

### **Signs**

1. Calor-heat: The affected part is warmer due to local rise in temperature
2. Rubor-redness: It is due to inflammation resulting in hyperaemia
3. Dolor-pain: An abscess is extremely tender
4. Tumour-swelling: It consists of pus. It is tensely cystic with surrounding brawny oedema
5. Loss of function: The function of the part is impaired, due to pain
6. Fluctuation: It can be elicited. However, in a deep-seated abscess it may be negative, as in breast abscess

### **Treatment**

- Untreated abscess tends to point spontaneously along the area of least resistance to the nearest epithelial surface, e.g. skin, gut, oral cavity. However, deep-seated abscess such as breast abscess may cause much tissue destruction before pointing
- Incision and drainage (I&D)

### **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:

<b>Mandatory document</b>	<b>Incision &amp; Drainage of Abscess</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes including evaluation findings, indication for procedure and planned line of management	Yes
Clinical Photograph	Yes
Sepsis screen/blood culture	Yes
<b>Optional</b> USG/CT	Yes

<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Culture report of wound or pus	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):**

- Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure?
- Did Clinical evaluation/Clinical photograph and/or laboratory investigations confirm the diagnosis?

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

- Are the detailed ICPs with detailed line of treatment?
- Are the detailed procedure / Operative Notes available?
- Was culture report of wound or pus submitted?
- Is the Discharge summary with follow-up advice 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 (PPD):**

- I. Was the clinical evaluation and laboratory investigations/imaging indicative of procedure? Yes

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

**References:**

1. Standard Treatment Protocol for Medical Officers. 2014. Government of Tripura. Department of Health & Family Welfare
2. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
3. Standard Treatment Guidelines for Medical Officers. 2003. Government of Chhattisgarh. Department of Health & Family Welfare
4. Anthony J. Senagore. The GALE ENCYCLOPEDIA of Surgery. 2004. A GUIDE FOR PATIENTS AND CAREGIVERS. Volume 1 (A-F).