



## Guidance document for processing PM-JAY packages

### Negative pressure wound therapy

Procedures covered: 1

Specialty: Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	Remarks
NPWT	NPWT	S1000007	SP008A	2,000 per sitting	Add - On Procedure

**ALOS:** 1 day

**Minimum qualification of the treating doctor:**

**Essential:** MS/Equivalent (in General Surgery, Orthopaedics)

**Desirable:** MCh/DNB/Equivalent (in Plastic Surgery)

**Special empanelment criteria/linkage to empanelment module:** Facility with equipment availability

#### Disclaimer:

For monitoring and administering the claim management process **NPWT**, 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:

Negative pressure wound therapy (NPWT), refers to wound dressing systems that continuously or intermittently apply sub-atmospheric pressure to the surface of a wound.

NPWT is an adjunctive therapy for the management of mainly chronic and difficult wounds and some acute wounds. The wound care system consists of an open-cell foam dressing, semi-occlusive adhesive cover, fluid collection system, and suction pump.

### Indications

- NPWT has been applied to a wide range of clinical situations, including:
  - Chronic non healing wounds,
  - Surgical wound dehiscence
  - Following surgical debridement of acute or chronic wounds (e.g., traumatic wounds, necrotizing infection, pressure ulcer),
  - Diabetic foot ulcers,
  - Reconstructive surgery (e.g., chronic non healing burn wound, skin graft)
- It has also been used in an effort to prevent surgical wound infection (ie, prophylactic) and as a means of instillation therapy.

### Contraindications

- Exposed vital structures – NPWT, in the presence of exposed organs, blood vessels, or vascular grafts, increases the risk for tissue erosion, which can lead to enteric fistula or hemorrhage
- Presence of malignant tissue

#### Relative contraindications

- Ischemic wounds
- Ongoing infection or devitalized tissue
- Fragile skin
- Adhesive allergy
- Patient on anticoagulants

### Complications

- Bleeding
- Infection
- Enterocutaneous fistula

### 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	NPWT
<b>i. At the time of Pre-authorization</b>	
Clinical notes with history, symptoms, signs, examination findings, and advice for admission	Yes
Clinical photograph	Yes
Indication of procedure	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative 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):**

- Detailed Clinical notes - history, signs & symptoms, and planned line of treatment?
- Did clinical presentation confirm the diagnosis?
- Documentation of indication for procedure?

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

- Are the detailed ICPs with daily vitals and line of treatment submitted?
- Are the detailed Procedure Notes available?



- c. Is the Discharge summary with follow-up advise at the time of discharge provided?

### **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:**

- a. Was clinical presentation indicative of procedure? Yes

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

### **References**

1. Mark Gestring. Negative pressure wound therapy – UpToDate. Last updated: July 2020