

## Guidance document for processing PM-JAY packages

### Post Burn Contracture surgeries for Functional Improvement

Procedures covered: 2

Specialty: Burns Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Surgery for release of post burn contracture	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Excluding Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post - operative regular dressings for STSG / FTSG / Flap cover.	S1100011	BM006A	50,000	10
Surgery for release of post burn contracture	Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments, silicone - gel sheet and physiotherapy): Neck contracture; Contracture release with - Split thickness Skin Graft (STSG) / Full Thickness Skin Graft (FTSG) / Flap cover is done for each joint with post-operative regular dressings for STSG / FTSG / Flap cover.	S1100012	BM006B	50,000	10

#### Minimum qualification of the treating doctor:

**Essential:** MCh/DNB or Equivalent Plastic Surgery/ Reconstructive Surgery

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

#### Disclaimer:

For monitoring and administering the claim management process of **Post Burn Contracture surgeries for Functional Improvement**, 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.

**Burn wound** healing is determined by the depth of burns. First degree burns heal spontaneously over a period 5 to 7 days. Second degree burns take longer to heal around 10 to 14 days or more, with changes in the skin texture and color. Whereas, third degree burns do not heal spontaneously and result in raw areas. Over a period of time, there is wound contraction with concentric reduction in the size of the wound resulting in formation of contractures.

Post burn contractures are severely disfiguring and restrict motion across the joint.

Surgical release is the only option for correction of a contracture.

Surgical release involves incisional or excisional release of the contracture followed by resurfacing of the raw area with split skin graft or flap. The defect requiring flap cover should be replaced with the donor tissues matching texture, color, and pliability.

Even after surgical contracture release, patient requires ancillary procedures, which include: scar massage, splinting, compression garments, physiotherapy, silicone gel sheet application etc.

### 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	Post Burn Contracture surgeries for Functional Improvement
<b>i. At the time of Pre-authorization</b>	
a. Clinical history detailing the burns - etiology, treatment given, and resultant contractures left	Yes
b. Functional disability to be detailed and expected functional improvement to be shared.	Yes
c. Pre-operative clinical photograph.	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Detailed procedure/Operative notes	Yes



c. Post-operative 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:**

<b>Mandatory document</b>	<b>Post Burn Contracture surgeries for Functional Improvement</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Was the Clinical history detailing the burns - etiology, treatment given, and resultant contractures left submitted?	Yes
b. Did Functional disability explained and expected functional improvement has submit?	Yes
c. Pre-operative clinical photograph submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Was detailed Indoor case papers submitted?	Yes
b. Were the detailed procedure/Operative notes?	Yes
c. Was the Post-operative clinical photograph of the affected part submitted?	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:**

- Has the functional disability explained and expected functional improvement submitted?  
Yes





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

**References:**

1. Goel, Arun, and Prabhat Shrivastava. "Post-burn scars and scar contractures." Indian journal of plastic surgery: official publication of the Association of Plastic Surgeons of India 43.Suppl (2010): S63.
2. Hayashida, Kenji, and Sadanori Akita. "Surgical treatment algorithms for post-burn contractures." Burns & trauma 5.1 (2017).