



Guidance document for processing PM-JAY packages

Microvascular & Vascular reconstruction (free flaps)

Procedures covered: 2

Specialty: Plastic & Reconstructive Surgery, Surgical Oncology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Microvascular reconstruction (free flaps)	Microvascular reconstruction (free flaps)	S1500009	SC073A	45,000 + Cost of Implant	7 day
Vascular reconstruction	Vascular reconstruction	New Package	SC074A	57,600	9 day

Minimum qualification of the treating doctor:

Essential: MCh/DNBequivalent in Plastic Surgery/ Reconstructive Surgery/Surgical Oncology

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

Disclaimer:

For monitoring and administering the claim management process of **Microvascular & Vascular reconstruction (free flaps)**, 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.

A flap: is tissue that can be transferred from its donor site to the recipient site with its own inherent blood supply. Pedicled flaps remain attached to the donor site at the base after being inset whereas, free flaps are completely detached from the donor site and inset into the



recipient area with microvascular anastomosis of the blood vessels of the flap to the donor vessels.

A flap can consist of skin, fat, fascia, muscle, bone in any combination.

Reconstruction: Reconstructive surgery is surgery for restoration of form and function. Options for reconstruction include direct closure, tissue grafting, tissue expansion, local flap cover, distant flap cover and free flap cover. A systematic approach is followed to choose the most appropriate form of soft tissue coverage for a defect. Free flap is an effective solution to treat patients and improve their functional and cosmetic outcome.

Indications for flap cover:

- Tissue defects when graft is not possible or has failed
- Reconstruction of wounds with:
 - Exposed bone (Bone without periosteum)
 - Exposed cartilage (without perichondrium)
 - Exposed tendon (without paratenon)
 - Any exposed structure that is not vascularized on its own like open joint, metal, nerves, blood vessels.
- Patients who need full thickness reconstruction such as padding body prominences as in pressure ulcers.
- To provide functional motor unit for facial palsy, reconstruction of anal sphincter, brachial plexus palsy

Advantages of Flap cover:

- They have their own blood supply
- Lesser chances of contractures
- Protection for underlying structures
- Increased durability
- Can be sensate
- Better color and texture match

There are 6Cs of flap design

- **Circulation:** Blood supply: axial or random
- **Constituents:** Skin, Fasciocutaneous/fascia, Muscle, Visceral, nerve, Bone, cartilage, Lymph node.
- **Contiguity:** Local, Regional, Distant
- **Construction:** Flow: Unipedicle/Bipedicle, Antegrade/Retrograde, Turbocharged, Supercharged, Arterialized venous.
- **Conditioning:** Delay, tissue expansion, prefabrication.
- **Confirmation:** Design- Shape, tubed flaps, combined flaps.

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	Microvascular reconstruction (free flaps)	Vascular reconstruction
i. At the time of Pre-authorization		
a. Clinical notes, history of surgeries, detailing original pathology, detailing need for microvascular/vascular surgery, planned line of treatment and advice for admission	Yes	Yes
b. Pretreatment clinical photograph of affected part. (If applicable)	Yes	Yes
c. Biopsy report	Yes	No
ii. At the time of claim submission		
a. Detailed Indoor Case Papers (ICPs)	Yes	Yes
b. Detailed procedure/Operative notes	Yes	Yes
c. Post procedure clinical photograph of the affected part	Yes	No
d. Detailed Discharge summary	Yes	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	Microvascular reconstruction (free flaps)	Vascular reconstruction
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)		
a. Were the Clinical notes detailing original pathology (In case of Split thickness skin graft Time of burns) submitted?	Yes	Yes
b. Was the Pretreatment clinical photograph of affected part submitted? (If applicable)	Yes	Yes
c. Was the Biopsy report submitted?	Yes	No
At the time of claim processing- For claims processing doctor (CPD)		Yes

a. Are the detailed Indoor Case Papers with daily vitals and treatment details?	Yes	Yes
b. Are the detailed procedure / Operative Notes available?	Yes	Yes
c. Was the Post procedure clinical photograph of the affected part submitted?	Yes	No
d. Was the discharge summary report submitted?	Yes	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:

- a. Was clinical notes, pretreatment clinical photograph indicative of procedure? Yes

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

References:

1. <https://emedicine.medscape.com/article/1284841-overview>
2. Mathes SJ, Nahai F. Clinical Applications for Muscle and Musculocutaneous Flaps. St Louis: Mosby; 1982.