



Guidance document for processing PM-JAY packages

Necrotising fasciitis

Procedure covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Necrotising fasciitis / Fournier Gangrene	Necrotising fasciitis / Fournier Gangrene	New Package	SG099A	10,000

ALOS: 7-10 days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in General Surgery); may involve MCh/DNB/Equivalent (in Plastic Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Necrotising fasciitis**, 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:

Necrotizing fasciitis is a subset of the aggressive skin and soft tissue infections (SSTIs) that cause necrosis of the muscle fascia and subcutaneous tissues. It can occur post-surgery, any invasive procedure or even a minor procedure like phlebotomy.

Common sites



It is common in lower extremities. Other sites are genitalia, groin, lower abdomen. In these places it is comparable or similar to gangrene and is called Meleney's gangrene.

Causative organisms

Two types have been identified:

- Monomicrobial: It is due to group A β -haemolytic streptococci. It is also called type II necrotising fasciitis.
- Polymicrobial: It is due to synergistic combination of *anaerobes* and *coliforms* or *nongroup A streptococci* type I necrotising fasciitis.
- Very often there is no history of injury when it occurs in the lower limbs.

Risk factors for TYPE I

- Diabetes Mellitus, malnutrition
- Obesity, corticosteroids
- Immune deficiency

Specific features of Type II

- Caused by *Streptococcus pyogenes*
- Occur in young healthy people
- Minor abrasions, laceration may be a precipitating factor
- Severe systemic illness with multiorgan failure – Streptococcal toxic shock syndrome

Clinical features

- Sudden pain in the affected area with gross swelling of the limbs
- The part is swollen, red, erythematous and oedematous with skip lesions of skin necrosis and ulceration.
- **Skin changes:** Bronze hue, brawny induration, blebs or crepitus are other important features.
- High degree fever, jaundice, renal failure can occur soon in untreated cases

Diagnosis

Watery pus (**dishwater liquid**) is a characteristic feature.

Management

Early, aggressive treatment includes supportive and surgical treatment.

- Supportive treatment - This includes hospitalisation, adequate hydration, broad spectrum antibiotics. Vancomycin with carbapenem may be required urgently.
- Surgery involves wide excision, generous debridement followed by skin grafting, a few days or weeks later.
- In type II cases (streptococcal): High dose penicillin along with clindamycin is the treatment of choice.

Complications

- Multiorgan failure
- Septic shock
- Loss of extremity
- Severe scarring
- Toxic shock
- Death

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	Necrotising fasciitis
i. At the time of Pre-authorization	
Clinical notes including evaluation findings confirming the diagnosis	Yes
CT scan	Optional
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed operative/procedure notes	Yes
Pre- and post-procedure photographs	Yes
Microbiological investigation for causative organism	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* – all vitals, detailed history, symptoms and signs, evaluation findings, indication for procedure, planned line of treatment, and advice for admission



- b. Did clinical presentation and evaluation findings 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 notes available?
- c. Was clinical presentation and evaluation findings indicative of surgery?
- d. Was histopathological examination report submitted?
- e. Is the discharge summary with follow-up advise at the time of discharge?

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:

- I. Was the clinical presentation, evaluation findings \pm imaging indicative of surgery? Yes

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

References:

1. Wallace HA, Perera TB. Necrotizing Fasciitis. [Updated 2020 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430756/>
2. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition. 2015.