



Guidance Document for Processing PM-JAY Packages

INGROWING TOE NAIL

Package Covered: 01
Speciality: General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.0	Procedure Code HBP 2022	Package Price
Ingrowing Toe Nail	Ingrowing Toe Nail	New Package	New Package	SG115A	NRP: Rs. 2000/- Tier 3: Rs. 2000/- Tier 2: Rs. 2400/- Tier 1: Rs. 2500/-

Average Length of Stay (ALOS): Daycare

Minimum Qualification of the treating/operating doctor:
Essential: MBBS

Special Empanelment Criteria / Linkages to Empanelment Module: None

Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Ingrowing Toe Nail**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

PART I: Guidelines for Clinicians and Healthcare Providers

1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

1.2 Clinical Key Pointers:

Ingrown toenails (onychocryptosis/unguis incarnates) are a common problem, and causes include wearing tight footwear, infection, improperly trimmed toenails, trauma, and heredity. The great toenail is most involved, with the lateral side being more involved than the medial side.

Symptoms:

Ingrown toenails cause the affected skin to become inflamed. The blood supply to that part of the toe increases, becoming red, swollen and painful. Sometimes new tissue starts growing over the toenail. The inflamed area may weep, bleed, or release pus and have an unpleasant odour, especially if infected by bacteria.

Management:

- Spicule excision and partial matricectomy, which is the excision of the affected part of the nail with a partial mechanical matricectomy.
- Chemical partial matricectomy, which is generally performed using phenol and is associated with a higher success rate than mechanical matricectomy.
- Wedge resection of the toenail and nail fold, which consists of excision of the affected part of the nail plate, partial matricectomy, and wedge dissection of the nail bed and the hypertrophic nail fold.
- Excision of the affected nail and total matricectomy, which is a more radical approach, consisting of excision of the affected nail, nail bed, and total chemical or mechanical matricectomy.
- Soft tissue nail-fold excision technique does not touch the nail and consists of wide excision of the soft tissue.
- Other techniques include electrocautery, radiofrequency ablation, and carbon dioxide laser ablation, which have become the newest form of ingrown toenail management.

1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

I. For Pre-Authorisation:

- a. Clinical Notes with history and examination and planned line of treatment
- b. Clinical Photograph

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Post Operative Clinical Photograph
- d. Detailed Discharge Summary

PART II: Guidelines for Processing Team

PART III: Guidelines for IT

3.1 Objective:

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in case of Ingrowing Toe Nail:

a. At Pre-Authorisation (PPD):

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Whether the investigation reports confirm the diagnosis? Yes.

b. At Claim Submission (CPD):

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.



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

References:

1. Geizhals S, Lipner SR. Review of onychocryptosis: epidemiology, pathogenesis, risk factors, diagnosis, and treatment. Dermatol Online J. 2019 Sep 15;25(9):13030/qt9985w2n0. PMID: 31738836.
2. Chabchoub I, Litaïem N. Ingrown Toenails. [Updated 2022 Feb 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546697/>.
3. Thomas E Benzoni, DO, MT(ASCP); Francisco Talavera, PharmD, PhD; Trevor John Mills, MD, MPH; Theodore J Gaeta, DO, MPH, FACEP; Ingrown Toenail (Onychocryptosis), Medscape [Internet] Available at: <https://emedicine.medscape.com/article/828072-overview> Sep 2021. Accessed on 09-06-2022.