

Guidance document for processing PM-JAY packages

Electrical Contact Burns

Procedure count/ Procedures covered: 4

Specialty: Burns Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Electrical contact burns	Electrical contact burns: Low voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	S1100005	BM004A	30,000	21 days
Electrical contact burns	Electrical contact burns: Low voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	S1100006	BM004B	40,000	21 days
Electrical contact burns	Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as	S1100008	BM004C	60,000	42 days

	deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.				
Electrical contact burns	Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone.	S1100007	BM004D	50,000	21 days

Minimum qualification of the treating/operating doctor:

Essential: M.Ch / DNB/ equivalent (in Plastic Surgery)

Special empanelment criteria/linkages to empanelment module- None

Disclaimer:

For monitoring and administering the claim management process of **Electrical Contact Burns**, 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:

Proceed with Electrical Burn Management only if diagnosis made is backed by clinical manifestation

- Numbness or tingling
- Weakness
- Visible burns on the skin
- Headache
- Feeling disoriented
- Low blood pressure
- Seizures
- Heart arrhythmias

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

At the time of Preauthorization	
Documents	Electrical contact Burns
Clinical notes mentioning the circumstances that led to low voltage electrical contact burns	Yes
MLC copy with number	Yes
Clinical Photograph	Yes
Document showing % of burn through rule of 9	Yes
At the time of Claims	
Post treatment clinical photograph	Yes
Blood test (CBC, Sr. creatinine, Platelet etc.)	Yes
X ray	Yes
Detailed Discharge Summary	Yes
Detailed procedure / operative notes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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-authorisation processing doctor (PPD)

- a. Clinical notes clearly mentioning the areas affected by burn with % of TBSA burn as per rule of 9?
- b. Was the Copy of MLC with number submitted?
- c. Clinical photograph of the affected part

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

- a. Is there documentary evidence of indication of surgery submitted?
- b. Are detailed operative notes available with indications for surgery and outcomes of the procedure?
- c. Is discharge summary available with follow-up advise at the time of discharge?
- d. Is the post treatment photograph available?
- e. Were all the lab test reports submitted?

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 in cases of Burns:

1. Did the Clinical notes mentioning the circumstances that led to low voltage electrical contact burns/ High voltage contact burn?
2. Has the patient presented with either all or some burns of deep partial thickness or full thickness? Yes

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

References:

1. Guidelines on Burns Management, Government of Maharashtra
2. <http://tetaf.org/wp-content/uploads/2016/01/Burn-Practice-Guideline.pdf>
3. <https://www.accjournal.org/upload/pdf/kjccm-2016-00969.pdf>