

Guidance document for processing PM-JAY packages

Thermal Burns/ Scald Burns/ Flame Burns

Procedures covered: 12

Specialty: Burns Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Thermal Burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	S1100001	BM001A	7,000	NA
Thermal Burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; 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	S1100002	BM001B	40,000	21
Thermal Burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; 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	S1100003	BM001C	50,000	28
Thermal Burns	% Total Body Surface Area Burns (TBSA): > 60 %; 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	S1100004	BM001D	80,000	40
Scald Burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission).	S1100001	BM002A	7,000	NA

	Needs at least 5-6 dressing – with conventional silver sulpha diazine dressing				
Scald Burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; 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	S1100002	BM002B	40,000	14
Scald Burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted (delayed), 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	S1100003	BM002C	50,000	30
Scald Burns	% Total Body Surface Area Burns (TBSA): > 60 %; 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	S1100004	BM002D	80,000	40
Flame Burns	% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing	S1100001	BM003A	7,000	NA
Flame Burns	% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for	S1100002	BM003B	40,000	14

	deep burns that are not amenable to heal with dressings alone				
Flame Burns	% Total Body Surface Area Burns (TBSA): 40% - 60 %; 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	S1100003	BM003C	50,000	30
Flame Burns	% Total Body Surface Area Burns (TBSA): > 60 %; 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	S1100004	BM003D	80,000	40

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 **Thermal Burns, Scald Burns and Flame 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 Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 Burn Management only if diagnosis made is backed by clinical manifestation

Superficial Burn

- a. Dry skin
- b. Minor Blisters
- c. Erythema
- d. Brisk capillary returns
- e. Extremely painful

Superficial Partial thickness Burn

- a. Moist
- b. Reddened with broken blisters
- c. Brisk capillary return
- d. Extremely painful

Deep Partial Thickness

- a. Moist white slough
- b. Red Mottled
- c. Sluggish capillary returns
- d. Painless

Full Thickness

- a. Dry
- b. Charred whitish
- c. Absent capillary return
- d. Painless

Rule of 9 can be referred for understanding the total percentage of burn

- a. Head/neck - 9% TBSA
- b. Each arm - 9% TBSA
- c. Anterior thorax - 18% TBSA
- d. Posterior thorax - 18% TBSA
- e. Each leg - 18% TBSA

f. Perineum - 1% TBSA

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	Thermal Burn	Scald burn	Flame Burn
Clinical notes	Yes	Yes	Yes
MLC copy with number	Yes	Yes	Yes
Clinical Photograph with due consent of patient	Yes	Yes	Yes
Document showing % of burn through rule of 9	Yes	Yes	Yes
At the time of Claims			
Post treatment clinical photograph	Yes	Yes	Yes
Blood test (CBC, Sr. creatinine, Platelet etc.)	Yes	Yes	Yes
X ray	Yes	Yes	Yes
Discharge Summary	Yes	Yes	Yes
Procedure/operative notes	Yes	Yes	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. Copy of MLC with number
- 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 procedure/ operative notes available with indications and outcomes of the procedure/ surgery?
- c. Is discharge summary available with follow-up advise at the time of discharge?
- d. Is the post treatment photograph available?
- e. Are all 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:

Any % Burn

- a. Has the patient presented with superficial partial thickness burn which will heal without surgery within 3-4 weeks? Yes
- b. Is there any evidence of % burn on clinical photograph of full body clearly showing burn? Yes

Upto – 40% Burn

- a. Has the patient presented with superficial partial thickness burn which will heal without surgery within 3-4 weeks? Yes
- b. Is there any evidence of 40% burn on clinical photograph of full body clearly showing burn? Yes

40% - 60% Burn

- a. Has the patient presented with superficial partial thickness burn which will not heal without surgery within 3-4 weeks? Yes
- b. Is there any evidence of 40% - 60% burn on clinical photograph of full body clearly showing burn? Yes

Above 60% Burn



- a. Has the patient presented with superficial partial thickness burn which will not heal without surgery within 3-4 weeks? Yes
- b. Is there any evidence of above 60% burn on clinical photograph of full body clearly showing burn? Yes

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