



Guidance document for processing PM-JAY packages

Closure of Burst Abdomen

Procedures covered: 1

Specialty: General/Pediatric Surgery/Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Closure of Burst Abdomen	Closure of Burst Abdomen	S100092, S400060	SG036A	15,000

ALOS: 5 Days

Minimum qualification of the treating doctor:

Essential: MS/Equivalent (in General Surgery), MCh/DNB/Equivalent (in Pediatric surgery, Surgical Gastroenterology), MS/DGO/Equivalent (in Obstetrics & Gynaecology)

Special empanelment criteria/linkage to empanelment module: Facility equipped with OT theatre

Disclaimer:

For monitoring and administering the claim management process of **Closure of Burst Abdomen**, 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:

BURST ABDOMEN: ABDOMINAL DEHISCENCE

A soundly healed abdominal scar can withstand any amount of intra-abdominal pressure. However, 1-2% of the abdominal wounds (incisions) give way within 2 weeks of surgery, resulting



in prolapse of intraabdominal contents outside. This causes great concern, or anxiety to the patient, and more so for relatives. It is not possible to prevent wound dehiscence totally because causative agents are multifactorial.

Factors responsible for wound dehiscence

1. Surgery
2. Sepsis
3. Suture material used
4. Surgeon-related factors
5. Sick patient
6. Straining
7. Poor nutritional status post-surgery

Clinical features

- Patients who are recovering reasonably well in the postoperative period suddenly complain of pink or brownish colored serosanguinous discharge. It is the pathognomonic sign of burst abdomen
- It usually occurs on the 6th to 8th postoperative day
- If skin sutures are removed, omentum or small bowel coils will be seen outside

Treatment

- Reassurance
- The bowel or the contents are covered with pads and bandage
- Emergency surgery and closure if indicated

Contraindications

Early closure of wound dehiscence should NOT be attempted if the cause is increased intra-abdominal pressure. Delayed closure helps in reducing oedema and safe closure. Sometimes, use of a Vac or open management followed by skin grafting may be more beneficial.

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	Closure of burst Abdomen
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Photograph	Yes
Optional X-ray erect/CT Abdomen	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure & operative notes	Yes
Post-operative photographs (optional)	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):

- Clinical notes - detailed history especially recent abdominal surgery, signs & symptoms, planned line of treatment, indication for procedure?
- Did clinical presentation/photograph confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?



- d. Was the clinical presentation/photograph indicative of surgery?

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:**

- I. Was clinical presentation indicative of surgery? Yes
- II. Did the burst abdomen occur within 3-4 weeks after surgery? Yes

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

References

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.