



Guidance document for processing PM-JAY packages

Laceration - Suturing, Dressing

Procedures covered: 1

Specialty: Emergency Room Packages

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laceration - Suturing / Dressing	Laceration - Suturing / Dressing	New Package	ER001A	2,000

ALOS: NA

Minimum qualification of the treating doctor:

Essential: MBBS, MD/DNB/Equivalent (in Emergency Medicine/General medicine/Pediatrics)

Desirable: MS/DNB/Equivalent (in General Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Laceration - Suturing / Dressing**, 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 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 for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

1. **Lacerations** are caused when trauma exceeds intrinsic tissue strength

- Skin torn by blunt injury over a bony prominence such as the scalp
- Tissue damage may not be extensive, and primary suturing may be possible.

- Sterile skin closure strips may be appropriate in some circumstances—for example, in pretibial laceration, as suturing causes increased tissue tension, with the swelling of early healing and inflammation leading to more tissue loss.

Types of traumatic and surgical wounds

Type of wound	Result	Cause
Incision	Penetrating	Surgical (rarely, trauma)
Laceration	Torn tissue	Usually trauma
Contusion	Extensive tissue damage	Usually trauma; skin may be intact
Abrasion	Superficial epithelial	Usually trauma
Combination	Usually severe trauma	Life threatening

** David J Leaper 2006*

Indications: Surgical consultation for Laceration repair:

- Deep wounds of the hand or foot
- Full-thickness lacerations of the eyelid, lip, or ear
- Lacerations involving nerves, arteries, bones, or joints
- Penetrating wounds of unknown depth
- Severe crush injuries
- Severely contaminated wounds requiring drainage
- Wounds leading to a strong concern about cosmetic outcome

Management: Immediately upon presentation, a laceration should be evaluated, and the bleeding controlled using direct pressure, to determine severity and whether it involves muscle, tendons, nerves, blood vessels, or bone. Baseline neurovascular and functional status of the involved body part should be evaluated before repair.

Laceration repair techniques: **Non-surgical:** Dressing, Tissue adhesives, Irrigation. **Surgical:** Suturing

Dressing: Simple lacerations (small, superficial wounds which are not gaping or contaminated) can be managed with dressings alone. Puncture wounds are usually best left open although they may require exploration or debridement if deep or contaminated.

Tissue adhesives: Tissue adhesives, such as 2-octylcyanoacrylate (Dermabond), are comparable with sutures in cosmetic results, dehiscence rates, and infection risk. Can be applied more quickly, require no anesthesia, and eliminate the need for follow-up because they slough off spontaneously within five to 10 days.

Suturing: The wound dehiscence rate, cosmetic results, and infection risk of absorbable sutures appear to be comparable to that of nonabsorbable sutures, and absorbable sutures are more cost-effective because there is no need for removal.



- Suture techniques for laceration repair. Single interrupted closure, Running (“baseball”) closure, Subcuticular running closure, Horizontal/ Vertical mattress suture technique.
 - Scalp
 - Forehead/Cheek
 - Lips: Sutures
 - Trunk

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	Laceration - Suturing / Dressing
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, planned line of treatment	Yes
b. Pre-clinical photograph	Yes
ii. At the time of claim submission	
a. Detailed clinical notes, vitals and treatment given	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Post procedure clinical photograph of the affected part	yes
d. Detailed Discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:**

- a. Was the pre-clinical photograph and clinical notes submitted are indicative of procedure?
Yes

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

References:

1. Leaper, David J. "Traumatic and surgical wounds." Bmj 332.7540 (2006): 532-535.
2. Forsch, Randall T. "Essentials of skin laceration repair." American Family Physician 78.8 (2008): 945-951.



3. Clinical practice guidelines: Lacerations:
https://www.rch.org.au/clinicalguide/guideline_index/Lacerations/