

## Guidance Document for processing PM-JAY packages

### Internal fixation with Flap cover Surgery for wound in compound fracture

Procedures covered/ procedure count: 1

Specialty: Polytrauma

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Internal fixation with Flap cover Surgery for wound in compound fracture	Internal fixation with Flap cover Surgery for wound in compound fracture	S600003	ST007A	40,000	10 days

#### Minimum qualification of the treating doctor:

**Essential:** MS/ DNB/ equivalent (Orthopedic surgery)/ MCh/DNB/equivalent (Reconstructive Surgery)

**Special empanelment criteria/linkage to empanelment module:** Functional Operation Theatre

#### Disclaimer:

For monitoring and administering the claim management process of **Internal fixation with Flap cover Surgery for wound in compound fracture**, 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 the ICMR poster and other relevant material as per the extant professional norms.

### PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

#### 1.1 Objective:

The purpose of this document 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:

Open fractures often are associated with high-energy trauma

- the initial assessment as per Advanced Trauma Life Support protocol

- Stop external haemorrhage – direct pressure or with application of a tourniquet.
- Neurovascular examination of the limb.
- Provide adequate analgesia.
- Straighten and align limb and classify fracture (Modified Gustilo Anderson classification)
- Remove gross contaminants from the wound.
- Photograph wound.
- Cover wound with sterile, moist (saline) dressing and adhesive film dressing.
- Leave wound undisturbed until patient reaches the operating theatre.
- Splint fracture
- Repeat neurovascular examination.
- IV antibiotics: co-amoxiclav (1.2 g) or cefuroxime (1.5 g) 8 hourly, or clindamycin 600 mg if the patient is allergic to penicillin.
- Check tetanus status and administer prophylaxis if required
- X-ray: two orthogonal views, two joints
- Immediate consultation to the plastic surgery team after formulating plan for bone stabilization
- Shift to OT for debridement
- Thorough debridement, to be done within 24 hours of admission
- **Fracture fixation- external or internal and reassessment**
- **Plan for permanent cover – flap(fasciocutaneous/muscle) or graft according to status of wound else provide temporary cover with NPWT and second look in 72 hrs.**
- **Wounds requiring free flaps best done within 1<sup>st</sup> week.**

#### Timing of Soft Tissue Reconstruction

- **Local flaps** are safely performed at the same time as skeletal fixation. Internal fixation is only undertaken if soft tissue coverage can be performed at the same time.
- **Free flap** reconstruction is best performed on scheduled trauma lists by experienced, dedicated senior surgical teams following adequate preparation of the patient, including imaging such as angiography or computed tomography (CT) scanning of comminuted fractures.
- **Microsurgery** is best performed before the vessels become friable or fibrosed and this becomes increasingly likely after the first week. We recommend that definitive soft tissue reconstruction be undertaken within the first 7 days after injury.

## Type of Soft Tissue Reconstruction

- All open fractures are covered with vascularized soft tissue.
- Dressings such as those using foam with negative pressure can temporize following wound excision but are not to be used as a substitute for definitive flap coverage.
- Relatively low energy tibial fractures are covered by local fasciocutaneous flaps so long as the vascularity has not been compromised by the zone of injury and degloving.
- Diaphyseal tibial fractures with periosteal stripping are best covered by muscle flaps instead of fasciocutaneous flaps.
- Metaphyseal fractures, especially those around the ankle, are best covered by fasciocutaneous flaps, including free flaps

### 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	Internal fixation with Flap cover Surgery for wound in compound fracture
<b>i. At the time of Pre-authorization</b>	
a. Clinical Notes detailing the injury and need for surgery	Yes
b. X-ray/ CT report of fractured limb	Yes
c. Pre op clinical photograph of injury	Optional
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure/ Operation notes	Yes
c. Detailed discharge summary	Yes
d. Post op clinical photograph showing implant for fixation and flap cover	Optional

## **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:**

Mandatory document	Internal fixation with Flap cover Surgery for wound in compound fracture
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes – details of accident, signs & symptoms, indication for surgery?	Yes
b. Was the clinical photograph of injury submitted?	Optional
c. Was X-ray/ CT report of fractured limb submitted?	Yes
<b>ii. At the time of claim submission</b>	
a. Were the indoor case papers submitted?	Yes
b. Are the detailed Procedure/ Operation notes submitted?	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
d. Did the post op clinical photograph show implant fixation and flap cover?	Yes

### **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:**

1. Were the clinical notes and X-ray report suggestive of compound fracture? Yes

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

### **References**

1. Extremity Injury, Protocol for emergency and trauma care, Govt Medical College Thiruvananthapuram pg:58-60