



Guidance document for processing PM-JAY packages

Revascularization of limb / digit

Procedures covered: 1

Specialty: Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Revascularization of limb / digit	Revascularization of limb / digit	S1000002	SP003A	25000

ALOS: 7 Days

Minimum qualification of the treating doctor:

Essential: MCh/DNB equivalent in Plastic Surgery/ Reconstructive Surgery

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Revascularization of limb / digit**, 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.

Revascularization of damaged limbs/digits is technically feasible; Replantation refers to the reattachment and revascularization of an amputated part such as digit or hand.

Developments in microsurgery have led to excellent results in limb/digit replantation.

Indications for surgery:

- Injuries and traumatic amputations, life-threatening injuries
- Replantation is only considered in a stable patient.
- Indications for digital replantation include (1) amputated thumbs, (2) multiple digits, (3) single digit distal to the flexor digitorum superficialis tendon, and (4) all digital amputations in children.
- Upper extremity amputations at the level of the wrist and hand should be replanted unless there are absolute life-threatening contraindications.

Procedures involved: Upper Extremity Replantation, Digital Replantation, Digital nerve reconstruction etc. Replantation success depends on many factors such as:

- Injury type- sharp versus crush or avulsion injury, zone of injury
- Timing- time from injury, warm versus cold ischaemia
- Pre-theatre care of amputated part
- Patient co-morbidities- smoking status, general health (including psychiatric conditions), coagulopathy.

There are comorbid conditions takes into consideration, with the standard score the clinical conditions and associated scores in the Charlson comorbidity index are as follows:

- **1 point:** myocardial infarct, congestive heart failure, peripheral vascular disease, dementia, cerebrovascular disease, chronic lung disease, connective tissue disease, ulcer, chronic liver disease, diabetes
- **2 points:** hemiplegia, moderate or severe kidney disease, diabetes with end-organ damage, tumor, leukemia, lymphoma
- **3 points:** moderate or severe liver disease
- **6 points:** malignant tumor, metastasis, AIDS

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	Revascularization of limb / digit
i. At the time of Pre-authorization	
a. Detailed Clinical notes with planned line of treatment and advice for admission.	Yes
b. Doppler report	Yes
c. Clinical photograph of the affected part	Yes
d. MLC/FIR report (If traumatic)	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers with treatment information	Yes

b. Intra procedure clinical photograph (optional)	Yes
c. Detailed procedure/Operative notes	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 Doppler and MLC/FIR report (In case of trauma) submitted? Yes

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

References:

1. Tatebe, Masahiro, et al. "Survival rate of limb replantation in different age groups." Journal of hand and microsurgery 9.2 (2017): 92.
2. <https://doclibraryrcht.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/TraumaAndOrthopaedics/Trauma/HandAndDigitReplantationClinicalGuideline.pdf>
3. Maricevich, Marco, et al. "Upper extremity and digital replantation." Hand 6.4 (2011): 356-363.