



Guidance document for processing PM-JAY packages

Diabetic Foot – Surgery

Procedures covered: 1

Specialty: Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Diabetic Foot – Surgery	Diabetic Foot – Surgery	S1000009	SP002A	30,000

ALOS: 5 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 **Diabetic Foot – Surgery**, 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.

Diabetic foot and ankle deformities are secondary to long-standing diabetes and neglected foot care. The diabetic foot is a complicated pathological condition due to varying degrees of physiological and biomechanical balance leads to peripheral arterial diseases and sensory neuropathy problems. Including:

- The major system failure in diabetics leading to the development of an ulcer is the loss of protective sensation in the lower extremity.
- Combined with intrinsic muscle loss and extrinsic muscle imbalance, this leads to increasing biomechanical stress in areas of high pressure and eventual tissue loss.
- **Intrinsic minus foot:** Hammer toes, Prominent plantar metatarsal heads, Wasting of lumbricals, Upward rotation of the forefoot, Distal migration of the plantar metatarsal fat pads, Weak extension of the hallux longus, Cock-up deformity of the hallux longus with prominent extensor tendon, High arch, Xerotic skin.
- **Charcots foot:** Erosions and collapse of the foot and ankle bones and the plantar arches, leads to marked deformities, raised plantar pressure and formation of ulcers. The process of ulcer formation includes: Contractures, hammer toe, Improper weight bearing leads to ulcer then Infection leads to osteomyelitis further amputation

Aim of Reconstruction is the reduction of increased plantar pressures, reduction of pain and the restoration of function, stability and proper appearance. Reconstruction should result in a useful foot or remnant of the foot that renders patients ambulant (Preservation of form and function).

- **Diabetic wound classification systems:** Wagner, Armstrong, PEDIS (Perfusion, Extent, Depth, Infection and Sensitivity), SINBAD (Site, Ischemia, Neuropathy, Bacterial infection, Area, Depth)
- Arterial waveforms, Segmental pressure, contrast arteriography, MRA, Multidetector CT, TcO₂, Microangiopathy and Peripheral neuropathy

Management of Diabetic foot: Is multidisciplinary:

- **In three main stages:** Promotion of healing (Fat transfer and other available methods), Reconstruction and coverage, prevention of recurrence.
- **Involves** Adequate offloading, Correction of Equinus deformity, Frequent debridement, Moist wound care & Negative pressure wound therapy, Control of infection, Revascularization of an ischemic limb, Coverage of resistant ulcers and raw areas.
- **Common surgeries for Diabetic foot ulcers:** Debridement, Achilles Tendon lengthening, Vascular surgery

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	Diabetic Foot – Surgery
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment detailing diabetic foot extent of damage	Yes
b. Supporting reports and Clinical photograph.	Yes
ii. At the time of claim submission	



a. Detailed indoor case papers and treatment given	Yes
b. Detailed procedure/Operative notes	Yes
c. Post procedure clinical photograph of the affected part	Yes
d. Detailed Discharge summary and follow-up details	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:

- Did the clinical notes and planned lined of treatment/clinical photograph justify the need for surgery? Yes

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

References:

- Balakrishnan, T. M., and K. V. Alalasundaram. "Reconstruction in the revascularized diabetic foot." J Diabet Foot Complications 4 (2012): 46-56.
- Varma, Ajit Kumar. "Reconstructive foot and ankle surgeries in diabetic patients." Indian journal of plastic surgery: official publication of the Association of Plastic Surgeons of India 44.3 (2011): 390.