



## Guidance document for processing PM-JAY packages

### Diaphragmatic Repair

Procedures covered: 1

Specialty: CTVS, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Diaphragmatic Repair	Diaphragmatic Repair	S1300059	SV029A	30,000/- + Implant cost

**ALOS:** 7 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB/Equivalent (in Pediatric surgery, CTVS, Surgical Gastroenterology), MS/DNB/Equivalent in General Surgery

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

#### Disclaimer:

For monitoring and administering the claim management process of **Diaphragmatic Repair**, 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. 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**

#### **1.3 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:**

A diaphragmatic hernia (DH) is a protrusion of abdominal contents into the thoracic cavity as a result of a defect within the diaphragm.

Types of Diaphragmatic hernia

- 1. Congenital (Kindly refer for details and consider booking the package under the relevant PMJAY guidance document)**
2. Acquired



## **ACQUIRED DIAPHRAGMATIC HERNIA**

Acquired diaphragmatic hernia (ADH) is rare. Diaphragmatic rupture from thoracoabdominal trauma occurs in approximately 0.8 to 3.6% of cases, with the incidence of herniation following this being relatively low.

The common etiologies for acquired diaphragmatic hernias that usually occur in adulthood:

- Traumatic diaphragmatic rupture through either penetrating injury (65%) or blunt trauma (35%)
- **Hiatus hernia (Kindly refer for details and consider booking the package under the relevant PMJAY guidance document)**
- Iatrogenic

### **Clinical presentation**

- Patients can present with ADH in a variety of ways.
- ADH may produce respiratory, abdominal and in some cases cardiac symptoms.
- The effect from the abdominal contents putting pressure on the thorax can result in shortness of breath and chest pain.
- Abdominal symptoms may also be present, including recurrent abdominal pain, postprandial fullness, vomiting, and obstructive gastrointestinal symptoms.
- In some spontaneous cases, the DH may remain asymptomatic, only revealed upon imaging studies.
- Examination of the patient may reveal the absence of breath sounds over the lower chest area, with bowel sounds being audible.

### **Evaluation**

- Imaging is vital for diagnosis of acquired diaphragmatic hernia.
- A variety of different imaging modalities are used to diagnose or aid diagnosis of a diaphragmatic hernia including chest radiographs, ultrasonography, and magnetic resonance imaging, with computed tomography (CT) being the modality of choice.

### **Treatment**

- Treatment of acquired diaphragmatic hernia in the acute setting requires appropriate resuscitation of the patient.
- Management following this is surgical repair. If primary closure is not possible then mesh repair may be an alternative.

- Surgical repair may use open (abdominal, thoracic, or thoracic-abdominal approach) or laparoscopic approach based on the timing of clinical diagnosis.

### Complications

- Diaphragmatic rupture
- Acute obstructive symptoms
- Respiratory failure incarceration
- Strangulation
- Cardiac tamponade

### 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	Diaphragmatic repair
<b>i. At the time of Pre-authorization</b>	
Clinical notes including evaluation findings, indication of implant requirement (if applicable), and planned line of management	Yes
Chest X ray AP/ Lateral	Yes
USG/ CECT Abdomen/Thorax	Yes
<b>Optional</b> Endoscopy Barium study	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed operative / procedure notes	Yes
Post-op Xray Chest/Abdomen report	Yes
Intra-operative photographs (optional)	Yes
Implant details (invoice/barcode) if applicable	Yes
FIR documentation (in case of trauma)	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):**

- a. Clinical notes - detailed history especially history of trauma, signs & symptoms, indication for procedure, and planned line of treatment?
- b. Did the patient present with dyspnea on exertion, chest discomfort/ decreased air entry, abdominal complaints/ asymptomatic?
- c. Did the imaging confirm diaphragmatic hernia?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Was the imaging indicative of surgery?
- d. Did the Post procedure X-ray Chest/Abdomen show repair of the defect?
- e. Implant invoice/barcode details if applicable
- f. FIR documentation available? (if applicable)
- g. Is the Discharge summary with follow-up advise at the time of discharge?

### **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 the clinical condition and imaging indicative of surgery? Yes

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

### **References**



1. Spellar K, Gupta N. Diaphragmatic Hernia. [Updated 2020 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK536952/>
2. Standard Treatment Guidelines. Surgical Gastroenterology. Health & Family Welfare Department. Government of Maharashtra