



## Guidance document for processing PM-JAY packages

### Gastric Outlet Obstruction

Procedures covered: 2

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Pyloroplasty	Pyloroplasty	S100112	SG008A	14,000
Pyloromyotomy	Pyloromyotomy	S100185	SG009A	15,000

**ALOS:** 5-7 Days

**Minimum qualification of the treating doctor:**

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

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Pyloroplasty/Pyloromyotomy**, 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 any 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:**

##### **ADULTS**

Gastric Outlet Obstruction is the sequelae of healing and scarring of peptic ulcer. Chronic cicatrization of a duodenal ulcer or juxtapyloric ulcer results in narrowing of pyloric antrum which is described as pyloric stenosis.

### **Etiology**

- Peptic ulcer disease leading to pyloric stenosis

### **Clinical Manifestation**

- Symptoms
  - Classical hunger pain of duodenal ulcer disappears. It may be replaced by a dull aching pain because of gastric distension. Colicky pain is due to hyperperistalsis of stomach
  - Vomiting is profuse, projectile, persistent, foul-smelling (because of stasis) and nonbilious
  - There may be distension of upper abdomen with epigastric fullness
  - Chronic cases may present with dehydration and weight loss
- Signs
  - Visible gastric peristalsis (VGP)
  - Succussion splash
  - Auscultopercussion test/auscultoscraping test

### **Treatment**

- Aspiration with Ryle's tube
- Fluids to correct electrolyte abnormalities
- Exploratory laparotomy
- Pyloroplasty is an option for gastric outlet obstruction in suitable cases. Another option is a gastrojejunostomy

## **PEDIATRICS**

### **Etiology**

- Infantile hypertrophic pyloric stenosis

In this condition there is hypertrophy involving the pyloric antral circular muscle fibres. Duodenum is normal. The lumen is so much narrowed as to give rise to pyloric obstruction.

### **Clinical features**

- Incidence: 3-5/1000 births. The child is normal at birth and the symptoms appear around 6-8 weeks
- First symptom is vomiting. It is projectile, forcible and does not contain bile
- A visible gastric peristalsis (VGP) can be seen especially when the mother feeds the child
- Loss of weight-dehydration
- Constipation and oliguria are the features
- Per abdomen-hypertrophied thickened pylorus can be felt as a mass in the right hypochondrium-'Olive like mass'

### **Treatment**

- Correction of dehydration and electrolyte disturbance
- Laparotomy
- Ramstedt's pyloromyotomy is the surgical treatment

### 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	Pyloroplasty/Pyloromyotomy
<b>i. At the time of Pre-authorization</b>	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
USG Abdomen/ Upper Gastrointestinal Endoscopy/ Barium meal series	Yes
<b>Optional</b> Biopsy	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	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, signs & symptoms, planned line of treatment, indication for procedure?



- b. Did clinical presentation and imaging confirm the diagnosis?

**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. 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 clinical presentation and imaging indicative of surgery? Yes

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

**References :**

1. Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department Government of Tamil Nadu
2. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.