



## Guidance document for processing PM-JAY packages

### Volvulus of Large Intestine

Procedures covered: 2

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Operative Management of Volvulus of Large Bowel	Operative Management of Volvulus of Large Bowel	S100144	SG022A	25,000
Sigmoid Resection	Sigmoid Resection	S100127	SG025A	21,500

**ALOS:** 5-7 Days

#### Minimum qualification of the treating doctor:

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

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

#### Disclaimer:

For monitoring and administering the claim management process of **Operative Management of Volvulus of Large Bowel/Sigmoid resection**, 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:

Volvulus is a rotation of segment of bowel about its mesentery. Mostly occurs in >70 years old and often bedridden. Symptoms occurs due to bowel obstruction or bowel ischemia.

#### Clinical presentation

- Sigmoid Volvulus (65%)
  - Intermittent crampy pains
  - constipation
  - Distension
- Caecal Volvulus (30%)
  - Congenital anomaly – cecum on mesentery rather than retroperitoneal
  - Like distal Small bowel obstruction presentation: Colicky pain, vomiting, constipation +/- distension

### Investigation

- Plain X-ray
  - “coffee-bean” shape of dilated bowel loop
  - Concavity of “bean” points right for cecal volvulus, left for sigmoid
- Barium Enema
  - “ace of spades” appearance due to contrast-filled Lumen tapering of upper end of lower segment

### Treatment

- Sigmoid
  - Nonsurgical decompression (detort by flexible sigmoidoscope or barium enema and insert rectal tube past obstruction)
  - Operative treatment
    - Hartmann procedure - if any evidence strangulation or perforation
    - Single-stage resection - Elective surgery recommended (recurrence = 50-70%). Resection with primary anastomosis should be regarded as the standard of care for planned cases,
    - Exteriorization (Paul-Mickulicz procedure) - In debilitated patients or those with impaired continence, colostomy may be the most appropriate option
    - Sigmoidopexy
- Cecum
  - Correct fluid and electrolyte imbalance
  - Laparotomy is the primary treatment
  - Cecopexy (suture bowel to parietal peritoneum) or right colectomy with ileotransverse colonic anastomosis

### COMPARISON OF CAECAL VOLVULUS AND SIGMOID VOLVULUS



Caecal volvulus	Sigmoid volvulus
<ul style="list-style-type: none"> <li>• Rare</li> <li>• Clockwise twist</li> <li>• Mobile caecum</li> <li>• Middle-aged</li> <li>• Kidney-shaped gas shadow with single fluid level on the left side.</li> <li>• Treated only by surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Common</li> <li>• Anticlockwise</li> <li>• Long mesentery is the cause</li> <li>• Elderly, debilitated</li> <li>• Omega sign or coffee bean-shaped. Two fluid levels can be found.</li> <li>• Nonoperative treatment should be attempted in all cases, provided there is no ischaemia.</li> </ul>

K Rajgopal Shenoy, Anitha Shenoy (Nileshwar), Manipal Manual of Surgery, Fourth Edition

### 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	Operative Management of Volvulus of Large Bowel/Sigmoid resection
<b>i. At the time of Pre-authorization</b>	
Clinical notes including evaluation findings and planned line of management	Yes
X-ray erect Abdomen or Barium Enema or CT abdomen	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 photograph (optional)	Yes
Post-operative X-ray Abdomen	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 medication history, signs & symptoms, planned line of treatment, indication for procedure?
- b. Did 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 line of treatment?
- b. Are the detailed procedure / Operative Notes available?
- c. Was the imaging indicative of surgery?
- d. Was post-operative X-ray Abdomen submitted?
- e. 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.

### **1. 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. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. S. Gallinger, Gordon Buduhan, Sam Minor. General Surgery. MCCQE 2000 Review Notes and Lecture Series.