



Guidance Document for Processing PM-JAY Packages

ONE STAGE - SUBTOTAL COLECTOMY + ILEOSTOMY ± J - POUCH

Package Covered: 02
Speciality: General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.0	Procedure Code HBP 2022	Package Price
One Stage - Sub Total Colectomy + Ileostomy + J - Pouch	One Stage - Sub Total Colectomy + Ileostomy + J - Pouch	New Package	New Package	SG120A	NRP: Rs. 80,000/- Tier 3: Rs. 80,000/- Tier 2: Rs. 93,600/- Tier 1: Rs. 1,00,000/-
One Stage - Sub Total Colectomy + Ileostomy	One Stage - Sub Total Colectomy + Ileostomy	New Package	New Package	SG124A	NRP: Rs. 40,000/- Tier 3: Rs. 40,000/- Tier 2: Rs. 46,800/- Tier 1: Rs. 50,000/-

Average Length of Stay (ALOS): 15 Days

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) (or) MCh/DNB/Equivalent (GI Surgery)

Special Empanelment Criteria / Linkages to Empanelment Module: Care at Tertiary Hospital

Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **One Stage - Subtotal Colectomy + Ileostomy ± J - Pouch**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

PART I: Guidelines for Clinicians and Healthcare Providers

1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

1.2 Clinical Key Pointers:

One - Stage Subtotal Colectomy + Ileostomy and J-Pouch surgery is a surgical procedure recommended for patients with Inflammatory Bowel Disease (IBD) such as Crohn's Disease and Ulcerative Colitis when medications fail to control the symptoms or malignancies.

The surgery removes the affected colon and rectum and preserves the anus and anal sphincter muscles. The ileum is made into a J-shaped pouch and connected to the superior part of the anal canal. A temporary ileostomy is typically created to increase the chances of healing of the created

J pouch. A small loop of ileum is pulled through the stoma in the abdomen to allow faecal excretion into an ostomy bag.

The anastomosis should not be offered to patients with severe proctitis, poor rectal compliance, faecal incontinence, or anoperineal disease. Preservation of the rectum is also contraindicated if dysplasia or carcinoma is present. The major disadvantages of total colectomy with end ileostomy are the retention of the rectal stump, which may be a source of residual or recurrent morbidity, and the psychological, social and physical problems inherent in the stoma.

1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

I. For Pre-Authorisation:

- a. Clinical Notes with history and examination and planned line of treatment
- b. CT Abdomen Report
- c. Colonoscopy Report
- d. Biopsy Report (Optional)

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Post Operative Clinical Photograph of the Stoma created
- d. Histopathology Report
- e. Detailed Discharge Summary

PART II: Guidelines for Processing Team

2.1 Objective:

To guide the Pre-Authorisation and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by the 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.

I. At the time of Pre-Authorisation processing – For PPD

- i. Clinical notes with detailed history, signs and symptoms, clinical examination, planned line of treatment, and indications for the procedure?
- ii. Whether CT Abdomen report available?
- iii. Whether Colonoscopy report is available?

II. At the time of Claim Processing – For CPD

- i. Are the detailed ICPs with daily vitals and treatment details available?
- ii. Are the detailed Operative/Procedure notes available?
- iii. Is the discharge summary with follow-up advice available at discharge?
- iv. Whether clinical photograph of the stoma submitted?
- v. Whether post-operative HPE report available?



PART III: Guidelines for IT

3.1 Objective:

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in case of One Stage - Subtotal Colectomy + Ileostomy + J - Pouch:

a. At Pre-Authorisation (PPD):

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Whether the investigation reports confirm the diagnosis? Yes.

b. At Claim Submission (CPD):

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.

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

References:

1. Maggiori L, Panis Y. Surgical management of IBD--from an open to a laparoscopic approach. *Nat Rev Gastroenterol Hepatol*. 2013 May;10(5):297-306. doi: 10.1038/nrgastro.2013.30. Epub 2013 Feb 19. PMID: 23419288.
2. Panis Y, Poupard B, Nemeth J, Lavergne A, Hautefeuille P, Valleur P. Ileal pouch/anal anastomosis for Crohn's disease. *Lancet*. 1996 Mar 30;347(9005):854-7. doi: 10.1016/s0140-6736(96)91344-6. PMID: 8622390.
3. Surgical Treatment: Colorectal Crohn's Disease, Surgery of the Anus, Rectum and Colon (Third Edition), 2008