



Guidance document for processing PM-JAY packages

Ano Rectal Malformation

Packages covered: 6

Specialty: Pediatric Surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Ano Rectal Malformation- Abd - Perineal PSARP	S1400010	SS010A	20,000/-
Ano Rectal Malformation- Anoplasty	S1400010	SS010B	20,000/-
Ano Rectal Malformation- Cutback	S1400010	SS010C	20,000/-
Ano Rectal Malformation- PSARP	S1400010	SS010D	20,000/-
Ano Rectal Malformation- Redo pull through	S1400010	SS010E	15,000/-
Ano Rectal Malformation- Transposition	S1400010	SS010F	15,000/-

ALOS: 5 Days

Minimum qualification of the treating doctor:

Essential: DNB/ MCh. Or equivalent (in Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of Ano Rectal Malformation, 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 other relevant material as per the extant professional norms.

PART I: Guidelines for Clinicians and Healthcare Providersⁱ

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:



- a. Lack of stool
- b. Stool coming from the vagina
- c. Stool in the urine
- d. Urine coming from the anus
- e. Trouble having a bowel movement, or constipation

1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory document	Ano Rectal Malformation
i. At the time of Pre-authorisation	
Clinical notes indicating whether other associated congenital disorders like those of spine, anus, heart, trachea, esophagus, kidneys, or limbs, etc. are present/not	Yes
Clinical Photograph	Yes
Distal Cologram/ Barium enema (if available)	Yes
USG Abdomen	Yes
Xray Lumbosacral spine (inverted position)	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes
Post procedure clinical photograph	Yes
Pre-anesthesia check-up report	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to 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 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-authorisation processing doctor (PPD):

- a. Clinical notes - detailed history, signs & symptoms, presence of other associated congenital disorders like those of spine, anus, heart, trachea, esophagus, kidneys, or limbs, etc. are present/not and indication(s) for procedure?
- b. Clinical Photograph
- c. Distal Cologram/ Barium enema (if available)?
- d. USG Abdomen
- e. X ray Lumbosacral spine (inverted position)

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. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Post procedure clinical photograph?
- e. Is pre-anesthesia check-up report available?

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:

- a. Does the patient presented with absent anus, abdominal distention, vomiting, meconium per urethra in males / passage of stool through vagina in females? Yes
- b. Are the following tests being done – Distal cologram in males, USG abdomen / X ray scan in both the sexes? Yes

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



References: Pediatric surgery guidelines, Mahatma Phule Jeevandayee Arogya Yojana, Govt. of Maharashtra