



## Guidance document for processing PM-JAY packages

### Ladd's procedure (Intestinal Malrotation)

Procedure covered: 1

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Ladd's Procedure	Ladd's Procedure	S1400028	SS005A	30,000/-

ALOS: 7 Days

Minimum qualification of the treating doctor:

Essential: MCh/ equivalent (in Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: None

#### Disclaimer:

For monitoring and administering the claim management process of **Ladd's Procedure (Intestinal Malrotation)**, 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:

Malrotation is a congenital disorder featured with abnormal positioning of intestine within the peritoneal cavity. Intestinal malrotation occurs as a result of an arrest of normal rotation of the embryonic gut. In malrotation, the duodenojejunal limb remains in a position of nonrotation, and the cecocolic limb has partial rotation (usually approximately 90 degrees instead of 180 degrees). The end result is that the cecum ends up in the mid-upper abdomen and the abnormally positioned cecum is fixated to the right lateral abdominal wall by bands of peritoneum. These bands of peritoneum, called Ladd bands, cross the duodenum and can cause extrinsic compression and obstruction of the duodenum.

Proceed with Intestinal Malrotation only if diagnosis made is backed by clinical manifestation:

- Primary clinical findings:
  - Vomiting, typically bilious (green or fluorescent yellow) but can be nonbilious
  - Hemodynamic instability from hypovolemia and/or septic shock
  - Abdominal distension (not always present, especially in young infants)
  - Abdominal tenderness (can be difficult to elicit, especially in infants and young children)
  - Peritonitis (eg, rigid abdomen) indicating volvulus with perforation
  - Hematochezia indicating bowel ischemia and possible necrosis due to volvulus
- The classical presentation of intestinal malrotation in newborn period is bilious vomiting with scaphoid abdomen
- In older children, malrotation of gut may cause intermittent volvulus, resulting in a variety of symptoms from chronic intermittent pain, vomiting may or may not be bilious, failure to thrive, and chronic intestinal blood loss.
- Less common presentations:
  - Failure to thrive
  - Solid food intolerance
  - Malabsorption
  - Chronic diarrhea from protein-losing enteropathy
  - Pancreatitis
  - Biliary obstruction
  - Gastrointestinal (GI) motility disorder
  - Chylous ascites

Procedure:

- Open/Laprosopic Ladd's procedure

#### 1.4 Mandatory documents- For healthcare providers

There is no gold standard for the diagnosis of Intestinal Malrotation. The choice of investigation depends on the clinical situation for which the investigation is asked for:

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

Mandatory document	Intestinal Malrotation
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Investigations:	Yes

Plain X-ray erect abdomen/Upper GI contrast series/USG abdomen/CECT	
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photograph	Yes
Investigations: Plain X ray erect abdomen/ Upper GI contrast follow through/ USG Abdomen	Yes
Histopathology report	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):**

- Clinical notes - detailed history, signs & symptoms, indication for procedure?
- Plain X-ray erect abdomen/ Upper GI contrast series (misplaced duodenum/cockscrew duodenum) / USG Abdomen (for Superior mesenteric artery/vein (SMA/SMV) inversion)/ CECT (Whirlpool sign - optional) report submitted?

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

- Are the detailed ICPs with daily vitals and line of treatment available?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Did the Intra operative procedure clinical photograph revealed the procedure was performed for Intestinal Malrotation?
- Was histopathology report submitted?

## **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. Is the USG abdomen/Upper GI series showing malrotation? Yes

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

**References:**

1. Mary L Brandt. Intestinal Malrotation in Children-UpToDate. Last updated: February, 2019.
2. Applegate KE, Anderson JM, Klatte EC. Intestinal malrotation in children: a problem-solving approach to the upper gastrointestinal series. *Radiographics*. 2006;26(5):1485-1500. doi:10.1148/rg.265055167
3. <http://www.tropicalgastro.com/articles/38/3/Intestinal-malrotation-in-childhood.html>
4. Reddy AS, Shah RS, Kulkarni DR. Laparoscopic Ladd'S Procedure in Children: Challenges, Results, and Problems. *J Indian Assoc Pediatr Surg*. 2018;23(2):61-65. doi:10.4103/jiaps.JIAPS\_126\_17  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5898205/>