



## Guidance document for processing PM-JAY packages

### Fecal fistula closure

Procedure covered: 1

Specialty: Pediatric Surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Fecal Fistula Closure	S1400018	SS011A	25,000/-

**ALOS:** 7-10 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/ equivalent (Pediatric Surgery) / MS/ DNB/equivalent (General Surgery) / MCh/ equivalent (Surgical Gastroenterology)

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

#### Disclaimer:

For monitoring and administering the claim management process of **Fecal fistula closure**, 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:

Proceed with Fecal fistula only if diagnosis made is backed by clinical manifestation:

#### Presenting symptom:

Fecal discharge from surgical wound site

#### Common causes

Trauma, Inflammatory bowel disease, Operations of malignancy, post-operative complication (large or small bowel), appendicitis, diverticulitis, radiation, tuberculosis, and ischemia.

## Diagnosis:

Diagnosis by CT, Fistulography, a small bowel follow through study, M R enterography

## Management:

Treatment is initial resuscitation and electrolyte repletion, antibiotic management, nutrition, wound care and fistula effluent control, definitive operative treatment

## Indication for surgery:

Fistula not closing spontaneously

### 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	Fecal fistula
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
CT/Fistulography/Barium study	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	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?
- CT/Fistulography/Barium study confirming 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. Is the Discharge summary with follow-up advice 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 the indication for surgery mentioned? Yes
- II. Were CT/Fistulography/Barium study report submitted confirmed fistula? Yes

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