

Guidance document for processing PM-JAY packages

Hemorrhoidectomy

Procedure covered: 1

Specialty: General Surgery

Package name	Procedure	HBP 1.0 code	HBP 2.0 code	Package price
Hemorrhoidectomy	without Stapler*	S100123	SG032A	15,000/-
Hemorrhoidectomy	with Stapler	S100123	SG032B	15,000/-

*includes all other modalities such as Laser, but does not include banding

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Hemorrhoidectomy**, 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:

Hemorrhoids are dilated veins occurring in relation to the anus (commonly known as piles).

Hemorrhoids develop due to:

- Loss of anchoring connective tissue in the anal cushions
- Downward displacement or prolapse of the anal cushions
- Abnormal dilatation of veins in the internal hemorrhoidal venous plexus
- Benign prostatic hyperplasia – chronic straining



- Chronic constipation – straining at stools
- Carcinoma of rectum – compression / thrombosis of superficial rectal veins

Classification

1. By descent
 - Grade 1 - bleeding
 - Grade 2 - protrusions with spontaneous reduction
 - Grade 3 - protrusions regressing with manual reduction
 - Grade 4 - irreducible protrusions
2. By location
 - External – arise from inferior haemorrhoidal plexus and are covered by modified squamous epithelium, occur below pectinate line
 - Internal – arise from superior haemorrhoidal plexus, arise above pectinate line
 - Interno-external – when both are present

Clinical Aspects: Symptoms

- Bleeding, bright red and painless, frequent bleeding may lead to anemia
- Prolapse
- Pain on prolapse
- Mucus discharge
- Pruritus / itching

Investigations

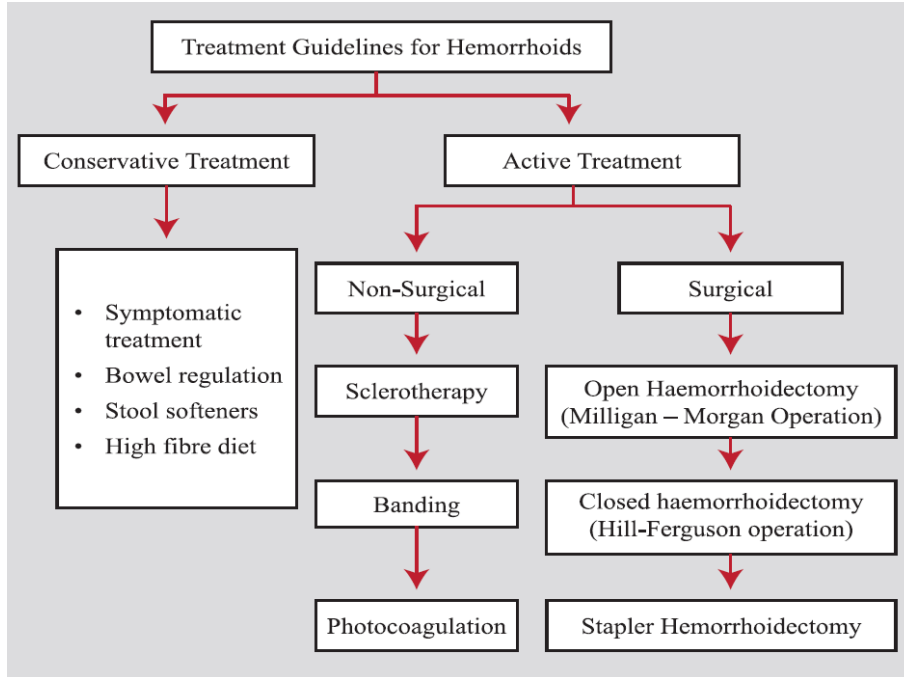
- Direct Visualization
- Digital Rectal Examination (DRE)
- Proctoscopy
- Basic investigation

Management

- **Non pharmacological treatment**
 - High fiber diet
 - Plenty of fluids
 - Sitz bath-twice a day with lukewarm water
- **Pharmacological treatment**
 - Bulk forming laxative (Isabgol husk), at bed time to relieve constipation
 - Local lignocaine 2% ointment if associated external hemorrhoids

- **Surgical treatment**

- Grade I- conservative management, injection sclerotherapy for bleeding hemorrhoids
- Grade II- conservative management and band ligation
- Grade III/IV – hemorrhoidectomy (Haemorrhoidopexy)



Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. Health & Family Welfare Department Government of TamilNadu

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	Hemorrhoids
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Examination	Yes
Proctoscopy	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-op clinical photographs	Yes

Detailed discharge summary	Yes
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PART II: GUIDELINES FOR PROCESSING TEAM

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 (PPD):

- I. Was the indication for surgery mentioned? Yes
- II. Proctoscopy confirming the diagnosis report submitted? Yes

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

References:

1. Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. Health & Family Welfare Department Government of Tamil Nadu
2. STANDARD TREATMENT GUIDELINES. A Manual for Medical Therapeutics. First Edition, 2013. Gujarat Medical Services Corporation Limited. Health & Family Welfare Department. Government of Gujarat