



Guidance document for processing PM-JAY packages

Operative Gastrostomy

Procedures covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Operative Gastrostomy	Operative Gastrostomy	S100064	SG004A	15,000

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (General Surgery), MCh/DNB/Equivalent (Pediatric surgery, Surgical Gastroenterology)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

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

Surgical Gastrostomy is a stoma from the skin to the stomach through which a tube is placed to allow additional nutritional support or sometimes for gastric decompression.

The type of gastrostomy depends upon whether the opening is to be temporary or permanent. As a temporary gastrostomy, the Witzel or the Stamm procedure is used frequently and is easily performed. A permanent type of gastrostomy, such as the Janeway and its variations, is best adapted to patients in whom it is essential to have an opening into the stomach for a prolonged period of time.

Indications

Patients to be considered for gastrostomy should be at high-risk of malnutrition and be unlikely to recover their ability to feed orally in the short term, or those who require long-term gastric decompression.

These include patients with disorders such as:

- Neurogenic dysphagia with high risk of aspiration
 - Cerebrovascular event
 - Traumatic brain injury where there is cognitive impairment and depressed consciousness
 - Cerebral palsy
 - Neurodegenerative syndromes
- Head and neck malignancy—where there is local neurological involvement, physical tumour obstruction or where side-effects of the treatment such as radiotherapy and chemotherapy prevent adequate oral nutrition
- Oral/throat surgery
- Endoscopy contraindicated or Percutaneous Endoscopy Gastrostomy (PEG) failed
- Gastric decompression/diversion—bowel rest in GI fistulae
- Patients with impaired absorption due to systemic illnesses such as
 - Crohn's disease
 - Systemic sclerosis
 - Radiation enteritis
- Patients requiring additional nutritional supplementation
 - Severe burns
 - Hydrocephalus
 - Severe congenital heart disease
 - Anorexia
 - Profound depression

Contraindications to enteral access

- Absolute
 - Uncorrected coagulopathy
 - Active peritonitis
 - Bowel ischaemia
 - GI tract obstruction (unless the indication is decompression)
 - Patients with portal hypertension and gastric varices, which can bleed profusely
- Relative
 - Ascites
 - Billroth partial gastrectomy
 - Large hiatus hernia and gastric volvulus
 - Oesophagectomy with gastric pull through

- Colonic interposition
- Diaphragmatic denervation with superiorly displaced stomach
- Ventriculoperitoneal shunt
- Patients on long-term steroids or immunosuppression
- Open wounds, previous incisional hernia mesh repairs and adjacent stoma sites

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	Operative Gastrostomy
i. At the time of Pre-authorization	
Clinical notes, specifying need for gastrostomy (indication)	Yes
Clinical Evaluation	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	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, planned line of treatment, and indication for procedure?

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



- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was the indication of surgery documented?

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. Was clinical presentation and diagnosis indicative of surgery? Yes

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

References

1. Sutcliffe J, Wigham A, Mceniff N, Dvorak P, Crocetti L, Uberoi R. CIRSE Standards of Practice Guidelines on Gastrostomy. *Cardiovasc Intervent Radiol*. 2016;39(7):973-987. doi:10.1007/s00270-016-1344-z
2. Itkin M, DeLegge MH, Fang JC, et al. Multidisciplinary practical guidelines for gastrointestinal access for enteral nutrition and decompression from the Society of Interventional Radiology and American Gastroenterological Association (AGA) Institute, with endorsement by Canadian Interventional Radiological Association (CIRA) and Cardiovascular and Interventional Radiological Society of Europe (CIRSE). *Gastroenterology*. 2011;141(2):742-765. doi:10.1053/j.gastro.2011.06.001