

Guidance document for processing PM-JAY packages

Gastrectomy-Bleeding Peptic Ulcer

Procedures covered: 2

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Gastrectomy	Bleeding Ulcer - Partial Gastrectomy without Vagotomy	S100009	SG003A	25,000/-	7-10 days
Gastrectomy	Bleeding Ulcer - Partial Gastrectomy with Vagotomy	S100008	SG003B	25,000/-	7-10 days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/equivalent (General Surgery, Surgical Gastroenterology)

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

Disclaimer:

For monitoring and administering the claim management process of **Bleeding Ulcer – Partial Gastrectomy with/without Vagotomy**, 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:

Peptic ulcer disease is ulceration of the gastric or duodenal mucosa due to acid and pepsin. Complications due to an ulcer disease include an upper GI bleed, perforation and gastric outlet obstruction. Upper gastrointestinal (UGI) bleeding secondary to peptic ulcer disease is a common medical condition

Symptoms:

- Patients with bleeding from peptic ulcers may present with hematemesis (either red blood or coffee-ground emesis), or melena (black, tarry stool). In rare cases, patients have



massive bleeding and present with hematochezia (red or maroon blood in the stool) and orthostatic hypotension.

Associated symptoms

- Patient presents with sharp gnawing epigastric pain, worsened (gastric ulcer) or relieved by intake of food (in duodenal ulcer)
- Nocturnal pain commonly awakens the patient at midnight. Patient occasionally gets up in the morning with pain. Typically, there are relapses and remissions.

Management

Most patients with acute bleeding can be managed with fluid resuscitation and transfusion, acid suppression therapy, and endoscopic intervention. For those who fail these efforts, surgery may become necessary.

In addition to failure of endoscopic therapy, other indications for surgery for peptic ulcer hemorrhage include:

- Hemodynamic instability despite vigorous resuscitation (more than a three unit transfusion)
- Shock associated with recurrent hemorrhage
- Perforation

Bleeding duodenal ulcer — The first priority during emergency surgery for a bleeding ulcer is control of the bleeding site. If endoscopy has failed to precisely identify the source of hemorrhage, the proximal duodenum should be opened longitudinally first and inspected for the bleeding vessel.

Bleeding gastric ulcer — For patients with a bleeding gastric ulcer, partial gastrectomy with Billroth I or II reconstruction is generally indicated because of the risk for malignancy. For patients with medical comorbidities, ulcer excision combined with truncal vagotomy and pyloroplasty is an option.

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	Bleeding Ulcer – Partial Gastrectomy with/without Vagotomy
i. At the time of Pre-authorization	
Clinical notes explaining endoscopy has failed, or other indication for proceeding with surgery	Yes
Upper GI Endoscopy with photographs	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	Yes
Histopathological examination	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 especially previous endoscopy failure, signs & symptoms, planned line of treatment, indication for procedure?
- Upper GI Endoscopy confirming the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Histopathological examination submitted (optional)?

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):

- Was the clinical presentation and imaging indicative of surgery? Yes



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

References:

1. Ashley H Vernon, Stephen J Ferzoco, Stanley W Ashley. Surgical management of peptic ulcer disease - UpToDate. Last updated: October 2019.
2. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
3. John R Saltzman. Overview of the treatment of bleeding peptic ulcers – UpToDate. last updated: March, 2020