



## Guidance document for processing PM-JAY packages

### Stoma Management

Procedures covered: 2

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Stoma Management	Stoma Management follow up of Ileostomy	New Package	SG097A	4,500
Stoma Management	Stoma Management follow up of Colostomy	New Package	SG097B	4,500

#### Follow up procedure:

The special condition for Stoma Management package after Ileostomy and Colostomy is as under:

*"Can be booked only after 15 days of Ileostomy / Colostomy and then every 2 months thereafter till the closure of stoma.*

*The Hospital has to upload a signed statement from pt. that s/he has received the consumables: Ileostomy / Colostomy - bags, adhesive, clips etc. for 2 months"*

#### Minimum qualification of the treating doctor:

**Essential:** MS/Equivalent (in General Surgery), MCh/Equivalent (in Surgical Gastroenterologist, Pediatric Surgery)

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

#### Disclaimer:

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



- **Colostomy** – A colostomy is a surgically created opening into the colon through the abdomen. Its purpose is to allow the stool to bypass a diseased or damaged part of the colon. A colostomy may be made at almost any point along the length of the colon.
- **Ileostomy** – An ileostomy is a surgically created opening into the small intestine through the abdomen. The purpose of an ileostomy is to allow stool to bypass the colon.

Ileostomy or colostomy creation may be required temporarily or permanently for the management of a variety of pathologic conditions, including congenital anomalies, colon obstruction, inflammatory bowel disease, intestinal trauma, or gastrointestinal malignancy. Stoma appliances are available as a one piece or two-piece systems. All appliances are available as a drainable or closed system. The selection of the appliance depends on patient capability, type of stoma and personal preference.

With proper stoma care and attention to nutrition and fluid management, most ostomy patients are able to have full, healthy, active social and professional lives, and normal sexual activity. In many cases, quality of life can be improved, even in the context of a permanent ostomy, with treatment of the underlying disease.

### **Stoma Management**

- Appliance management – high output stoma bag + / - straight drainage
- Observation and protection of peristomal skin
- Wound management if applicable
- Patient education
- Psychological support and refer accordingly, for example social work or psychologist

### **Diet and control of gas**

Many patients assume that they will have to adhere to a special diet because of their ostomy. Dietary modifications are usually minimal, but specific foods can influence the amount of the gas and the consistency and odor of the effluent.

Strategies to control gas include measures to reduce the volume of gas produced or to affect the "timing" of flatulence, "muffling" measures, and "venting" strategies.

### **Patients with ileostomy or ascending colostomy should be taught to:**

- Increase daily fluid intake by 500 to 750 mL beyond the recommended average intake for the general population to prevent dehydration or electrolyte imbalance.
  - Take fiber supplements or antimotility agents for persistent high ostomy output (>1.5 L/day)
  - Consume small quantities of food items with high insoluble fiber content to prevent food blockage proximal to the stoma.
  - Take medications in dosage forms of quick dissolution (eg, liquids, gelatin capsules, and uncoated tablets) and avoid time-released and enteric-coated medications, as well as very large tablets, to avoid drug malabsorption.
- Although there are no absolute dietary restrictions for descending or sigmoid colostomy patients, patients should be encouraged to ingest sufficient fiber (20 to 35 g/day) and fluids

(at least 1.5 to 2 L/day) to prevent constipation. If constipation does occur, it can be managed with laxatives, stoma disimpaction, or colonic irrigation (for distal colostomy patients only).

### **Ostomy Complications**

Loop ileostomies have the highest complication rates. The most common problems of end and loop ileostomies are dehydration and skin irritation (related to the high-output, high alkaline enzymatic effluent), and small bowel obstruction.

1. Very early complications (days)

Complications that occur very early in the postoperative course (days) are often related to technical issues and often require return to the operating room. Examples include large bowel obstruction due to a twist in the bowel leading to the stoma.

2. Early complications (<3 months)

Early complications, defined as those occurring within three months of stoma construction, are often related to suboptimal stoma site selection but are heavily influenced by patient factors (e.g., old age, poor nutritional status, comorbidities, obesity, tobacco use, and underlying malignancy)

- Stomal necrosis
- Stomal bleeding
- Stomal retraction
- Mucocutaneous separation

3. Late complications (>3 months)

Late stomal complications are generally described for permanent ostomies since many temporary stomas are reversed within three months. Risk factors for late complications include duration of stoma, increases in intra-abdominal pressure (obesity, chronic obstructive pulmonary disease), emergency surgery, inadequate mobilization of the bowel with resultant height of stoma <10 mm, and inappropriately sized aperture

- Parastomal hernia
- Stomal prolapse
- Stomal stenosis

4. Peristomal skin problems (any time)

- Mechanical trauma
- Parastomal ulceration
- Granulomas
- Peristomal pyoderma gangrenosum

5. Continent ileostomy complication

- Nipple valve slippage

### **Record a focused history and examination**

- Signs and symptoms of dehydration including thirst / lethargy / muscle weakness and cramps / dry mucous membranes / hypotension / increased heart rate / weight loss / decreased urine output / nausea
- Comorbidities and their management
- Medications

- Fluid balance
- Surgical interventions - consider remaining length of functional bowel

A surgical revision of an ostomy may be necessary when an ostomy becomes dysfunctional, such as in cases of symptomatic parastomal herniation, severe stomal stenosis, or stomal ischemia or retraction to below the fascia.

### 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	Stoma Management
<b>i. At the time of Pre-authorization</b>	
Discharge summary of the last admission	Yes
Clinical notes including examination findings of the current visit	Yes
Any requirement of the investigation for the current visit (optional)	Yes
<b>ii. At the time of claim submission</b>	
Photographic evidence of stoma complication, if any	Yes
Invoice/receipt of consumables (optional) if colostomy bag changed	Yes
Signed statement from pt. that s/he has received the consumables: Ileostomy / Colostomy - bags, adhesive, clips etc. for 2 months	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):**



- a. Previous admission discharge summary – condition, treatment details and follow-up advice?
- b. Current visit - Examination of stoma, any complications, follow-up advice along with treatment or investigations?

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

- a. Clinical notes of the patient by the treating doctor including key findings and advice for follow-up including investigations and any referrals to multidisciplinary teams as indicated?
- b. Invoice/receipt of consumables (optional) if colostomy bag changed?
- c. Signed statement from patient that s/he has received the consumables: Ileostomy / Colostomy - bags, adhesive, clips etc. for 2 months?

### **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. Did the clinical notes of the current visit mention clinical examination/investigations/follow-up advice? Yes

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

### **References**

1. Ron G Landmann. Ileostomy or colostomy care and complications – UpToDate. Last updated – June 2020