



Guidance document for processing PM-JAY packages

Gastric/Duodenal Perforation

Procedures covered: 2

Specialty: General Surgery

Package name	Procedure	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Operation for Gastric / Duodenal Perforation	Gastric Perforation	S100089	SG007A	18,500
Operation for Gastric / Duodenal Perforation	Duodenal Perforation	S100065	SG007B	18,500

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Gastric / Duodenal Perforation**, 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:

DUODENAL PERFORATION



Duodenal perforation is one of the common complications of acid peptic disease. NSAIDs appear to be more responsible for most of these perforations.

Presenting symptoms

- Abdominal pain
- Distention
- Rigidity (may not be pronounced)
- Shock (may be present)

Investigations

- Basic investigations
- Plain x-ray chest and abdomen erect or left lateral decubitus position in ill patients (to identify the air under the diaphragm)
- Ultrasonogram abdomen is optional (to identify the free fluid abdomen)
- Diagnostic peritoneal lavage if necessary

Management

- Assess initially and resuscitate – simultaneously
- Nasogastric aspiration
- Intravenous antibiotics
- Correct fluid and electrolyte imbalance
- Monitor urine output, pulse rate and temperature.
- **Surgical treatment**
 - Laparotomy followed by closure of perforation with omental patch
 - Closed flank drainage in patients who are unfit for anesthesia
 - Laparoscopic perforation closure

GASTRIC PERFORATION

Perforation of the stomach is a full-thickness injury of the wall of the organ.

Etiology

Etiology is unknown in many young people. Gastric injury can be the consequence of:

- Peptic ulcer disease
- Spontaneous Gastric Perforation
- Trauma
- Malignancy-Related Gastric Perforation
- Iatrogenic

Clinical Manifestation

- Acute onset of severe abdominal pain or chest pain
- Less frequently cyanosis fever vomiting and bloody stool
- Signs and symptoms typically occur by the 2 to 5 day and include refusal to feed, vomiting, and decreased activity
- Most common presenting manifestation is sudden onset of abdominal pain, distension, ileus, respiratory distress
- It can also present as emergency before 24-48 hours

Evaluation

Diagnosis usually confirmed by radiological imaging showing free intraperitoneal air

Management

Surgical management is the main line of treatment for most stomach perforations. Emergency surgical repair (open or laparoscopic) is indicated in nearly all cases.

- Initial management
- Intravenous antibiotics
- Correct fluid and electrolyte imbalance
- **Surgical Management**

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	Gastric / Duodenal Perforation
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of procedure and planned line of management	Yes
X-ray Chest/Abdomen / USG/CT Abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Optional FIR/MLC in case of trauma cases	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 especially medication history, signs & symptoms, planned line of treatment, indication for procedure?
- Did clinical presentation and imaging (Free air will be visualized on plain x-rays or the CT scan) confirm 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?
- Was the imaging indicative of surgery?
- Was FIR/MLC filed in case of trauma (optional)?
- Is the Discharge summary with follow-up advise 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:

- Was 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. Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department Government of Tamil Nadu
2. Sigmon DF, Tuma F, Kamel BG, et al. Gastric Perforation. [Updated 2020 Feb 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK519554/>