



Guidance document for processing PM-JAY packages

Caecopexy

Procedure covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Caecopexy	Caecopexy	New Package	SG101A	30,000

ALOS: 5-7 days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in General Surgery); Mch/DNB/Equivalent (Gastroenterology Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

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

Volvulus occurs when portions of the bowel get entangled upon a mesenteric axis, which can cause impairment of the blood supply or can result in complete or partial obstruction of the bowel lumen. This condition occurs when redundant and loose mesentery twist around an axis. In terms of a caecal volvulus, the terminal ileum and right colon are involved.

Associated risk factors for colonic volvulus are advanced age, chronic constipation, and diets rich in high fibre. Caecal volvulus most commonly occurs in the second and third decade of life, compared to sigmoid volvulus that occurs in the seventh and eighth decade of life.

In general, there are three different types of caecal volvulus:

- Type 1: This caecal volvulus forms by a clockwise axial twisting or torsion of the cecum along the long axis. The location of the caecal volvulus is in the right lower quadrant.
- Type 2: This caecal volvulus develops from a twisting or torsion of a portion of the cecum and a portion of the terminal ileum. The location of the cecum gets displaced to an ectopic location (typically left upper quadrant) and is relocated in an inverted orientation. Traditionally, but not for all cases, a type 2 caecal volvulus will encounter a counter clockwise twist.
- Type 3: This caecal volvulus (also known as caecal bascule) is the upward folding of the cecum. There is no axial twisting like with type 1 and type 2.

Type 1 and type 2, which involve axial torsion, account for approximately 80% of all caecal volvuli.

Clinical presentation

- Patients with colonic volvulus may present with an intestinal obstruction.
- Common symptoms are acute onset of severe abdominal pain, constipation, nausea, and vomiting.
- Often, a tympanitic and markedly distended abdomen are seen, and often, the distention is more impressive than other causes of bowel obstruction.

Evaluation

- Work up for a colonic volvulus includes a complete blood count (CBC) with differential, a comprehensive metabolic panel, and a lactic acid.
- Radiographic imaging can help differentiate between a sigmoid and caecal volvulus from other abdominal pathologies.
- Abdominal plain films are sufficient to make the diagnosis of a sigmoid volvulus; however, abdominal x-rays are less diagnostic for a caecal volvulus. Thus, the additional imaging of a CT scan can help differentiate the approximate location of torsion. An abdominopelvic CT scan is diagnostic for a caecal volvulus in approximately 90% of the patients. About 10% of the time, patients are diagnosed with a caecal volvulus intraoperatively.
- A mesentery torsion around the ileocolic vessels as seen on a CT scan is described as a "whirl sign" and is considered pathognomonic for diagnosis of a caecal volvulus.

Management

- Treatment for caecal volvuli usually entails a surgical intervention. Other interventions such as a barium enema or a colonoscopy, can offer a non-operative reduction of a caecal volvulus.
- Surgical treatment will vary based on patient stability and findings seen intraoperatively.
- For patients who are stable with no bowel compromise, a cecopexy may be performed.
- For patients who are hemodynamically unstable without bowel compromise, a caecopexy should be performed in conjunction with a caecostomy tube placement or caecopexy can be done alone.
- For patients who are stable with bowel, the surgeon should proceed with a right hemicolectomy or ileocolic resection followed by an ileocolic anastomosis.
- For patients who are unstable with bowel, the surgeon should proceed with a right hemicolectomy or ileocolic resection with an ileostomy creation. Later, once the patient is stabilized, the ileostomy may be reversed.

Complications

Common complications after caecal volvulus treatment include:

- Wound infection
- Sepsis
- Anastomotic leak
- Colocutaneous fistula
- Pelvic or abdominal abscess

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	Caecopexy
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of treatment	Yes
Complete blood count with differential	Yes
CT scan – abdominopelvic	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed operative/procedure notes	Yes
Intra-procedure photographs	Yes
Histopathological Examination (optional)	Yes
Detailed Discharge Summary	Yes



PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

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:

- I. 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. Le CK, Nahirniak P, Qaja E. Cecal Volvulus. [Updated 2020 Dec 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470305/>