



## Guidance Document for Processing PM-JAY Packages

### HELLER MYOTOMY (LAPAROSCOPIC/OPEN)

Package Covered: 01  
Speciality: General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.0	Procedure Code HBP 2022	Package Price
Heller Myotomy (Lap. /Open)	Heller Myotomy (Lap. /Open)	New Package	New Package	SG123A	NRP: Rs. 30,000/- Tier 3: Rs. 30,000/- Tier 2: Rs. 35,100/- Tier 1: Rs. 37,500/-

Average Length of Stay (ALOS): 3 Days

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) (or) MCh/DNB/Equivalent (GI Surgery)

Special Empanelment Criteria / Linkages to Empanelment Module: Care at Tertiary Hospital

#### Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Heller Myotomy (Lap. /Open)**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

### PART I: Guidelines for Clinicians and Healthcare Providers

#### 1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

#### 1.2 Clinical Key Pointers:

Achalasia is a primary disorder characterised by aperistalsis/hypoperistalsis of the oesophageal body and the absence of relaxation of the lower oesophageal sphincter (LES), which often has a high resting pressure. The presenting symptoms have an insidious onset (usually over at least two years) and include progressive dysphagia, regurgitation, chest pain or heartburn, aspiration, and weight loss.

The primary treatment principle consists of disrupting the unrelaxing lower oesophageal sphincter either by myotomy or forceful dilation. The Laparoscopic Heller–Dor procedure is now the treatment of choice for this disease, with good results in 90% of the patients.

The myotomy is made by dividing all the circular and longitudinal (collar-sling) muscular fibres above the area of constriction. The incision is extended to the oesophagus and gastric cardia to reduce outflow resistance. The muscularis should be "undermined" to allow wide separation of

oesophageal muscles, but care must be taken to avoid making an incision entirely through the mucosa.

### 1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

#### I. For Pre-Authorisation:

- a. Clinical Notes with history and examination and planned line of treatment
- b. Oesophagogastroscope Report with Stills
- c. Barium Swallow Oesophagography / Contrast Oesophagography
- d. Oesophageal Manometry Report (Optional)

#### II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Intraoperative Photograph (Optional)
- d. Detailed Discharge Summary

## **PART II: Guidelines for Processing Team**

### 2.1 Objective:

To guide the Pre-Authorisation and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by the 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.

#### I. At the time of Pre-Authorisation processing – For PPD

- i. Clinical notes with detailed history, signs and symptoms, clinical examination, planned line of treatment, and indications for the procedure?
- ii. Whether Oesophagogastroscope report available?
- iii. Whether Oesophagography reports available?

#### II. At the time of Claim Processing – For CPD

- i. Are the detailed ICPs with daily vitals and treatment details available?
- ii. Are the detailed Operative/Procedure notes available?
- iii. Is the discharge summary with follow-up advice available at discharge?

## **PART III: Guidelines for IT**

### 3.1 Objective:

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in the case of Heller Myotomy (Lap. /Open):**

**a. At Pre-Authorisation (PPD):**

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Whether the investigation reports confirm the diagnosis? Yes.

**b. At Claim Submission (CPD):**

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.

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

**References:**

1. Adriana Laser, MD, MPH; Kurt E Roberts, MD; Open Heller Myotomy, Medscape [Internet] Available at: <https://emedicine.medscape.com/article/1965924-overview> Feb 2021. Accessed on: 14-06-2022
2. Kaman, Lileswar et al. "Laparoscopic heller myotomy for achalasia cardia-initial experience in a teaching institute." The Indian journal of surgery vol. 75,5 (2013): 391-4. doi:10.1007/s12262-012-0708-0