



Guidance Document for Processing PM-JAY Packages

SUBTOTAL COLECTOMY

Package Covered: 01
Speciality: General Surgery / Surgical Oncology / Gastrointestinal Surgery / Paediatric 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
Subtotal Colectomy	Open	New Package	New Package	SG106A	NRP: Rs. 34,875/- Tier 3: Rs. 34,900/- Tier 2: Rs. 40,900/- Tier 1: Rs. 43,600/-
Subtotal Colectomy	Lap	New Package	New Package	SG106B	NRP: Rs. 34,875/- Tier 3: Rs. 34,900/- Tier 2: Rs. 40,900/- Tier 1: Rs. 43,600/-

Average Length of Stay (ALOS): 7-10 Days

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) or MCh/DNB/Equivalent (Surgical Oncology/Gastric Surgery/Gastrointestinal Surgery/Paediatric 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 **Subtotal Colectomy**. 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:

Subtotal colectomy is a surgical procedure in which the large intestine is resected except for the sigmoid colon. Some of the major indications of the procedure are:

- Carcinoma Colon
- Colonic Diverticular Disease
- Inflammatory Bowel Disease
- Trauma

- Bowel Infarction
- Colonic inertia leading to slow transit constipation
- Polyposis Syndromes
- Necrotising Enterocolitis
- Other indications with justification

Subtotal Colectomies can be performed either laparoscopically or via an open abdominal incision; the surgical principles remain the same. The key to adequate resection is the blood supply to the colon. Resection for the benign disease does not be as extensive, but resection for malignancy should aim to resect the named colonic vessels supplying the cancerous portion of the colon to yield an adequate number of lymph nodes in the colonic mesentery.

The bowel proximal and distal to the resection must be mobilised to allow a tension-free anastomosis, and the anastomosis should have a good blood supply. Depending on expertise and equipment available, a bowel anastomosis can be performed hand sewn or stapled. At the surgeon's discretion, the surgery may include a covering ileostomy.

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. CECT Abdomen and Pelvis Report
- c. CECT Thorax – In Metastatic Disease (Optional)
- d. Colonoscopy with Biopsy Report (Optional)
- e. Carcinoembryonic Antigen (CEA)
- f. Blood Investigations: CBC, LFT, RFT, RBS

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Photograph of the gross specimen removed
- d. Post Operative Histopathology Report
- e. Detailed Discharge Summary
- f. Intraoperative Photograph (In Laparoscopic Procedures) (Optional)

PART II: Guidelines for Processing Team

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 case of Subtotal Colectomy:

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. Tilney HS, Lovegrove RE, Purkayastha S, et al. Laparoscopic vs open subtotal colectomy for benign and malignant disease. 2006. In: Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]. York (UK): Centre for Reviews and Dissemination (UK); 1995-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK73044/>
2. Jiang, X., Xu, C., Tang, D., & Wang, D. (2016). Laparoscopic subtotal colectomy for synchronous triple colorectal cancer: A case report. Oncology Letters, 12, 1525-1528. <https://doi.org/10.3892/ol.2016.4803>