

Guidance document for processing PM-JAY packages

Appendicectomy/Appendicular Perforation/Appendicular Abscess

Procedures covered/ procedure count: 4

Specialty: General Surgery / Pediatric surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Appendicectomy	Open	S100003	SG017A	11,000	3 days
Appendicectomy	Lap	S100003	SG017B	11,000	3 days
Appendicular Perforation	Appendicular Perforation	S100091	SG018A	17,500	5 days
Operative drainage of Appendicular Abscess	Operative drainage of Appendicular Abscess	S100004, S100200	SG019A	12,000	3 days

Minimum qualification of the treating/operating doctor:

Essential: MS / DNB/ equivalent (General Surgery)/ DNB/ MCh/ equivalent (Pediatric Surgery)

Special empanelment criteria/linkages to empanelment module- None

Disclaimer:

For monitoring and administering the claim management process of **Appendicectomy, Appendicular Perforation and Operative drainage of Appendicular Abscess**, 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. However, this document doesn't provide any guidance on clinical and therapeutic management of patient.

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:

- Pain starting in the central abdomen and then shifting to the lower right side of abdomen
- Pain that worsens if you cough, walk or make other jarring movements
- Nausea or Vomiting
- Loss of appetite
- Febrile

- f. Murphy's Triad, a collection of three medical signs associated with acute appendicitis , a medical emergency which presents with lower right abdominal pain (Right Lower Quadrant; RLQ), along with nausea, vomiting, and fever

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory Documents	Appendicectomy (Open/ Lap)	Appendicular Perforation	Operative drainage of Appendicular Abscess
At the time of Preauthorization			
Clinical notes	Yes	Yes	Yes
USG Abdomen (optional)	Yes	Yes	Yes
At the time of Claims submission			
Indoor case papers	Yes	Yes	Yes
Histopathology examination	Yes	Yes	NA
Intra operative clinical photograph/stills of appendix	Yes	Yes	NA
Post procedure clinical photograph	Yes	Yes	Yes
Detailed Operative notes	Yes	Yes	Yes
Pre-anesthesia check-up report	Yes	Yes	Yes
Discharge summary	Yes	Yes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to 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 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-authorisation processing doctor (PPD)

- a. Clinical notes clearly indicating pain in abdomen, Murphy's triad (in cases of acute appendicitis- Pain in Right Lower Quadrant (RLQ), along with nausea, vomiting, and fever) and the need for surgery? Yes

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

- a. Is there documentary evidence of indication of surgery? Yes
- b. Are detailed operative notes available with indications for surgery and outcomes of the procedure? Yes
- c. Is discharge summary available with follow-up advise at the time of discharge? Yes
- d. Is the picture(s) of gross specimen removed available (except in operative drainage of appendicular abscess)? Yes
- e. Is the Histopathology report of the specimen removed available (except in operative drainage of appendicular abscess)? Yes
- f. Is Pre-anesthesia check-up report available? Yes

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 in cases of hysterectomy:

- a. Appendectomy has never been done in the past? – Yes
- b. Pain at Mc Burney's point / right iliac fossa / right lower abdomen? - Yes

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

References:

1. Clinical pathways, General Surgery, RSBY, World Bank & FICCI, May 2015