



Guidance document for processing PM-JAY packages

Anti GERD Surgery

Packages covered: 1

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Anti GERD Surgery	Anti GERD Surgery	S1400016	SS003A	10,000/-

ALOS: 5 Days

Minimum qualification of the treating doctor:

Essential: DNB/ MCh. Or equivalent (in Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Anti GERD Surgery**, 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. In that respect the hospitals and physicians may refer to 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 pointers¹:

Proceed with Anti GERD Surgery only if diagnosis made is backed by clinical manifestation.

Infants: Less than 1 year of age

- Vomiting
- Poor Weight gain
- Irritability
- Feeding refusal or dysphagia



- e. Recurrent Pneumonia
- f. Asthma and upper airway symptoms
- g. Apnea or apparent life threatening events

Children:

- a. Regurgitation
- b. Heart burn and retrosternal chest pain
- c. Dysphagia
- d. Asthma or chronic cough
- e. Recurrent Pneumonia
- f. Anemia and hematemesis

1.4 Mandatory documents- For healthcare providers

There is no gold standard for the diagnosis of GERD. The choice of investigation depends on the clinical situation for which the investigation is asked for².

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

Mandatory document	Anti GERD Surgery
i. At the time of Pre-authorization	
Clinical notes	Yes
Upper GI Endoscopy	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photograph	Yes
Pre-anesthesia check-up report	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):

- a. Clinical notes - detailed history, signs & symptoms, indication for procedure?
- b. Upper GI endoscopy report / stills submitted?

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

- a. Are the detailed ICPs with daily vitals and line of treatment?
- b. Is pre-anesthesia check-up report available?
- c. Are the detailed procedure / Operative Notes available?
- d. Is the Discharge summary with follow-up advise at the time of discharge?
- e. Did the Intra operative procedure clinical photograph suggest that the procedure was performed for GERD surgery?

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:

- a. Did the endoscopy report show presence and severity of esophagitis or complications like ulcer, stricture, Barrett's esophagus? Yes

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

References:

1. Diagnosis and Management of Gastroesophageal Reflux Disease (GERD): An Indian Perspective, <https://www.indianpediatrics.net/jan2013/jan-119-126.htm>
2. Standard treatment guidelines, Department of Public Health and Family Welfare, Madhya Pradesh (Page 142) https://mpphscl.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875_0_STG-2016.pdf