

Guidance document for processing PM-JAY packages

Surgery for Hirschsprung's Disease

Packages covered: 5

Specialty: Pediatric Surgery

Package name	Package name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS (in days)
Surgery for Hirschsprung's Disease	Myectomy	S1400021	SS008A	25,000	5
Surgery for Hirschsprung's Disease	Pull Through	S1400022	SS008B	20,000	5
Surgery for Hirschsprung's Disease	Rectal Biopsy - Punch	S1400023	SS008C	10,000	1
Surgery for Hirschsprung's Disease	Rectal Biopsy – Open	S1400024	SS008D	10,000	2
Surgery for Hirschsprung's Disease	Sphincterotomy	S1400025	SS008E	15,000	3

Minimum qualification of the treating doctor:

Essential: DNB/ MCh/ equivalent (Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Surgery for Hirschsprung's Disease**, 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 Providers¹

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:

- Failure to pass meconium in first 24- 48 hours of life after confirmation of patent anus
- Abdominal Distension
- Constipation
- Unexplained fever
- Vomiting

1.4 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 document	Surgery for Hirschsprung's Disease
i. At the time of Pre-authorisation	
Clinical notes	Yes
X Ray abdomen / USG Abdomen / Dye test / sigmoidoscopy / colonoscopy	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Pre-anesthesia check-up report	Yes
Detailed discharge summary	Yes
Histopathology examination report (within 7 days of discharge)	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 - detailed history, signs & symptoms, indication for procedure?
- b. Investigations X Ray abdomen / USG Abdomen / Dye test / sigmoidoscopy / colonoscopy?

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. Was the Histopathology report available (within 7 days of discharge)?

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. Is the patient a diagnosed and confirmed case of Hirschsprung disease basis clinical features and biopsy? Yes
- b. Did X ray erect abdomen / dye test / sigmoidoscopy / colonoscopy confirm dilated colonic loops? Yes
- c. Did HPE of resected tissue confirm Hirschsprung's Disease? Yes

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

ⁱReferences: Pediatric surgery guidelines, Mahatma Phule Jeevandayee Arogya Yojana, Govt. of Maharashtra