



Guidance document for processing PM-JAY packages

Vagotomy

Procedures covered: 2

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Vagotomy	G J Vagotomy	S100060	SG005A	23,500
Vagotomy	Vagotomy + Pyloroplasty	S100060	SG005B	23,500

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: MS / DNB/ equivalent (General Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Vagotomy** for 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. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. 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 any 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 pointers:

Proceed with Vagotomy only if diagnosis made is backed by clinical manifestation.

- Sudden, sharp and severe pain in upper abdomen
- Spreading of pain to rest of abdomen
- Pain gets worse after oral ingestion

- d. Feeling of giddiness and fainting
- e. Fever and Weakness
- f. History of stomach ulceration not responding to medical therapy

1.3 Mandatory documents- For healthcare providers

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

Mandatory document	Vagotomy
i. At the time of Pre-authorization	
Clinical notes	Yes
X ray / CT Scan	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Treatment detail	Yes
Intra operative photograph	Yes
Discharge summary	Yes
Histopathological report	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:

Mandatory documents	Vagotomy
Pre-auth processing Doctor (PPD)	
<i>Clinical notes</i> - detailed history, signs & symptoms, indication for procedure	Yes
X-ray / CT scan showing gastric outlet obstruction or perforation	Yes
Claims Processing Doctor (CPD)	
<i>Are the detailed ICPs with daily vitals and line of treatment?</i>	Yes
<i>Is the Discharge summary with follow-up advise at the time of discharge?</i>	Yes

Was the intra operative photograph submitted?	Yes
Was the histopathological report submitted?	Yes

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

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:

- I. Is there any evidence for recurrent stomach ulceration? Yes

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

References:

1. Clinical Establishment Act, page 53,54; Peptic Ulcer perforation
2. Standard treatment guideline, on Vagotomy and Vagotomy + Pyloroplasty, General surgery, Government of Maharashtra