



Guidance document for processing PM-JAY packages

Exomphalos and Gastroschisis

Procedures covered: 2

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Exomphalos / Gastroschisis	Exomphalos	S1400033	SS014A	25,000
Exomphalos / Gastroschisis	Gastroschisis	S1400033	SS014B	25,000

ALOS: 1-4 weeks

Minimum qualification of the treating doctor:

Essential: MCh/ Equivalent (Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Center equipped to handle the resuscitative and surgical needs of the newborn

Disclaimer:

For monitoring and administering the claim management process of **Exomphalos and Gastroschisis**, 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:

Exomphalos (Omphalocele) and Gastroschisis are developmental abnormalities (abdominal wall defects) in the region of the umbilicus & are either diagnosed on antenatal ultrasonography or present at birth as neonatal emergencies, and they require urgent treatment. Gastroschisis and omphalocele are associated with exposed bowel on the abdominal wall.

A careful physical exam at birth revealing abdominal contents external to the abdominal wall is diagnostic of omphalocele and gastroschisis. During the neonatal period, infants with omphalocele and gastroschisis do not routinely receive any further investigations unless there are signs of dysmorphism.

No intrauterine interventions are available for the treatment of omphalocele or gastroschisis. Therapy is therefore undertaken after delivery of the infant, with the goals of temperature maintenance, fluid resuscitation, and preventing additional fluid loss from the abdominal contents with appropriate care of the herniated viscera, paying particular attention to the preservation of its blood supply.

Omphalocele (Exomphalos):

Omphaloceles are abdominal wall defects ranging from 4 to 12 cm in size and can be located centrally, or in the epigastric or hypogastric regions. This congenital hernia into the base of the umbilical cord is caused by incomplete folding of the embryonic disc and failure of the umbilical ring to form normally. The hernia is covered by fused amniotic membrane and peritoneum.

The size of the defect in the abdominal wall and the volume of the sac are variable: An intact sac is shiny and translucent but lacks a blood supply and begins to dry out and deteriorate after birth. Within 12 h it becomes opaque and yellowish; later, it becomes black, inelastic and desiccated. It is associated with extraintestinal problems, such as genetic trisomies, hypoglycemia (Beckwith-Wiedemann syndrome), and multiorgan defects.

Difference between exomphalos major and minor	
Exomphalos major	Exomphalos minor
Defect is more than 5 cm in diameter	Defect is less than 5 cm in diameter
Cord is attached to the base of sac	Cord is attached to the tip of sac
It may contain liver, stomach, etc.	It contains only bowel
Primary closure may not be possible	Primary repair is easy

Management:

- Medical Management with local paints
- Surgical repair of omphalocele is elective for defects without rupture of the membranous sac
- If membranous sac is ruptured immediate intervention:
 - Smaller defects - Attempt primary closure under general anesthesia (GA)
 - If not possible—staged closure or silo method (larger defect or those with extensive herniation)

Gastroschisis:

The herniation of bowel through the abdominal wall 2 to 3 cm lateral to the umbilicus is a **gastroschisis**. In contrast to omphalocele, the bowel is not covered by peritoneum or amniotic membrane. As a result, prolonged contact with the amniotic fluid typically causes a thick, exudative covering (a “peel”) on the exposed bowel. Gastroschisis is not associated with extraintestinal anomalies, but segments of intestinal atresia are common.

Management:

Gastroschisis is a surgical emergency requiring immediate closure or coverage. Small defects may be treated with primary surgical repair, while larger defects or those with extensive herniation of abdominal contents require a staged approach with placement of the abdominal contents into a suspended silo and gradual reduction into the abdominal cavity.

Note: Post repair of Exomphalos and Gastroschisis. Ventral hernia develops at weak spot which requires surgical repair after about six months.

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	Exomphalos and Gastroschisis
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photographs	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed operative notes	Yes
Detailed discharge summary	Yes
Post-operative photographs	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. Clinical photographs?

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. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Post-operative photographs?

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 physical exam lead to clinical diagnosis of Gastroschisis/Exomphalos at birth? Yes
- b. Were clinical photographs supporting the diagnosis submitted? Yes

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

References:

1. BMJ Best Practice. Omphalocele and Gastroschisis. Last updated: November 2018.
2. A Parthasarathy (Editor-in-chief). IAP Textbook of Pediatrics, Fifth Edition. Section 18: Pediatric Subspecialties - 18.2: Common Surgical problems: Pg 1005
3. <https://ghr.nlm.nih.gov/condition/abdominal-wall-defect>