

Guidance document for processing PM-JAY packages

Fissure-in-Ano

Procedure covered: 1

Specialty: General Surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Procedure for Fissure in Ano	S100053	SG031A	8,000/-

ALOS: 1-2 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery), MCh/Equivalent (Surgical Gastroenterology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Fissure-in-Ano**, 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:

Anal fissure is an ulcer-like, longitudinal tear usually in the midline of the anal canal, distal to the dentate line. Most cases are idiopathic and maybe due to trauma and ischemia. An acute fissure looks like a simple tear in the anoderm, whereas a chronic fissure, defined as lasting more than 8 to 12 weeks, is further characterized by edema and fibrosis.

The types of fissure are acute and chronic:

- Acute anal fissure is a deep tear through the skin of the anal margin extending into the anal canal. There is little inflammatory induration or edema of its edges. There is accompanying spasm of the anal sphincter muscle.

- Chronic anal fissure is characterized by inflamed indurated margins, and a base consisting of either scar tissue or the lower border of the internal sphincter muscle. Chronic anal fissure does not heal with conservative measures.

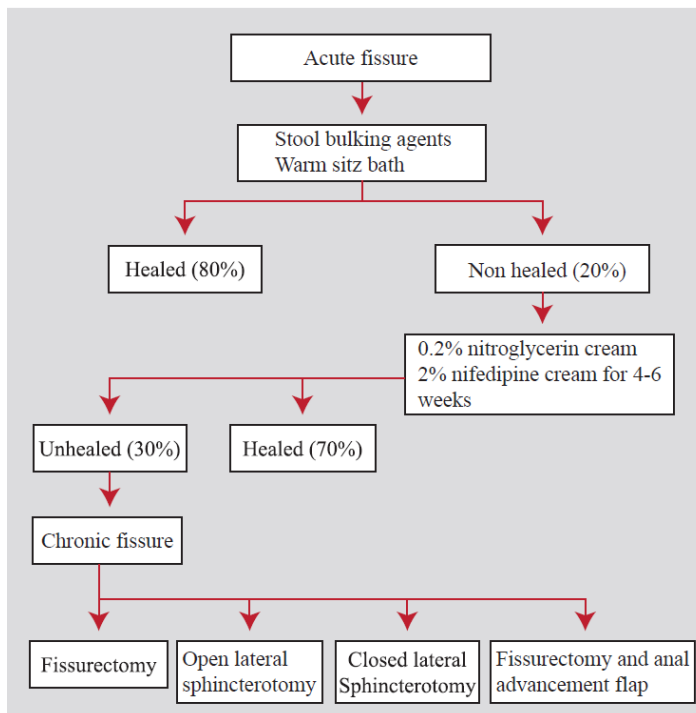
Proceed with Fissure-in-Ano only if diagnosis made is backed by clinical manifestation.

Clinical features:

- Severe pain on defaecation that promotes constipation
- Bleeding is usually small and occurs as a streak by the side of stools
- Foul smelling discharge is present in chronic cases
- On examination, a longitudinal ulcer is seen in the midline posteriorly that maybe covered by a skin tag. There is local inflammation and induration

Treatment

The aim of the treatment is to obtain complete relaxation of the sphincter and provide relief from pain.



Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. Health & Family Welfare Department Government of Tamilnadu

However, in severe symptoms of acute fissure, not decreasing in 3 days with conservative treatment, procedure may be done early.

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	Fissure-in-Ano
i. At the time of Pre-authorization	
Clinical notes	Yes
Anal examination findings	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	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):

- Clinical notes - detailed history, signs & symptoms, indication for procedure?
- Did the patient present with pain during defecation and often persisting after defecation?

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

- Are the detailed ICPs with daily vitals and line of treatment?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advice at the time 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:

- I. Is history & clinical examination suggestive of fissure? Yes

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

References:

1. STANDARD TREATMENT GUIDELINES. 2016. Department of Public Health & Family Welfare Madhya Pradesh.
https://mpphscl.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875_0_STG-2016.pdf
2. Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. *Health & Family Welfare Department Government of Tamilnadu*
3. Wald, Arnold MD, MACG¹; Bharucha, Adil E MBBS, MD²; Cosman, Bard C MD, MPH, FASCRS³; Whitehead, William E PhD, MACG⁴ ACG Clinical Guideline: Management of Benign Anorectal Disorders, American Journal of Gastroenterology: August 2014 - Volume 109 - Issue 8 - p 1141-1157 doi: 10.1038/ajg.2014.190