



Guidance document for processing PM-JAY packages

Rectal polypectomy

Procedure covered: 1

Specialty: Pediatric Surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Rectal Polypectomy - Sigmoidoscopic Under GA	S1400029	SS009A	8,000/-

ALOS: 1-2 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery), MCH/ equivalent (Pediatric surgery), DM/ equivalent (Gastroenterology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Rectal polypectomy-Sigmoidoscopic Under GA**, 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:

Polyps are abnormal growths rising from the lining of the large intestine. Polyps may be sessile (flat) or pedunculated (with a stalk) and vary considerably in size. Juvenile polyps are the most common gastrointestinal (GI) polyps seen in children, common in age group of 3-6 years. Juvenile polyps are lesions, which are typically solitary and commonly occur in the rectum or sigmoid colon. Juvenile rectal polyps are isolated benign hamartomas and are a relatively common cause of rectal bleeding. Rectal polyp is a benign adenomatous polyp, usually single.



Presenting symptoms:

- Bleeding per rectum – fresh blood in drops at the time of defecation (painless)
- Prolapsing rectal mass / Protrusion from the anus

Associated symptoms:

- Abdominal pain
- Mucus diarrhea
- Vomiting
- A change in bowel habits (such as frequency)
- Anemia requiring blood transfusion

Diagnosis:

- Rectal polyps can easily be palpable and diagnosed with digital rectal examination
- Colonoscopy is the recommended diagnostic and therapeutic procedure
- Rigid or flexible proctosigmoidoscopy diagnosis the rectal polyps in over 85 percent of the cases
- Histopathological examination -any polyp can contain adenomatous or other malignant elements

Management:

- Polypectomy

Isolated juvenile polyp - sigmoidoscopy or colonoscopy

If the polyps are more than five in number, periodic colonoscopic surveillance is mandatory

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	Rectal polyp
i. At the time of Pre-authorization	
Clinical notes	Yes
Digital rectal examination	Yes

Sigmoidoscopy/Colonoscopy	Yes
Optional based on clinical condition and availability Fecal occult blood testing Barium enema CECT abdomen CT colonography	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed operative notes	Yes
Detailed discharge summary	Yes
Histopathological examination	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:

- Did – digital rectal examination/sigmoidoscopy/colonoscopy confirm presence of rectal polyp? Yes

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

References:

- Cowan ML, Silveira ML. Management of Rectal Polyps. *Clin Colon Rectal Surg.* 2016;29(4):315-320. doi:10.1055/s-0036-1582438
- Thakkar K, Alsarraj A, Fong E, Holub JL, Gilger MA, El Serag HB (2012) Prevalence of colorectal polyps in pediatric colonoscopy. *Dig Dis Sci* 57: 1050–1055.
- <https://www.msdmanuals.com/professional/gastrointestinal-disorders/tumors-of-the-gastrointestinal-tract/polyps-of-the-colon-and-rectum>
- Adolph VR, Bernabe K. Polyps in children. *Clin Colon Rectal Surg.* 2008;21(4):280-285. doi:10.1055/s-0028-1089943
- Wang LC, Lee HC, Yeung CY, Chan WT, Jiang CB. Gastrointestinal polyps in children. *Pediatr Neonatol.* 2009;50(5):196-201. doi:10.1016/S1875-9572(09)60063-2



6. Lofty-John CA, Aminu MM, Mustapha UI, Akinfenwa TA. Juvenile polyp in children in Kano Nigeria: Clinical presentation and management challenges. Niger J Basic Clin Sci 2014;11:20-3.