



Guidance document for processing PM-JAY packages

Congenital Atresia & Stenosis of Small Intestine

Procedures covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Congenital Atresia & Stenosis of Small Intestine	Congenital Atresia & Stenosis of Small Intestine	S100204	SG014A	23,000

ALOS: 1-4 weeks (depending on patient's condition/complications)

Stay beyond 14 days depending upon the clinical condition of the beneficiary may be justified with necessary documentation

Minimum qualification of the treating doctor:

Essential: MCh/ DNB/ equivalent (Pediatric surgery/ Surgical Gastroenterology)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Congenital Atresia & Stenosis of Small Intestine**, 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.

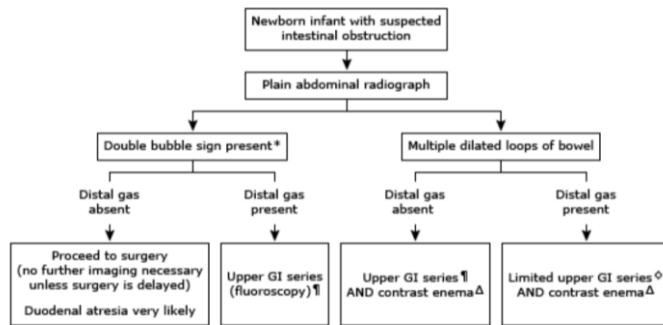
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

An atresia is a congenital defect of a hollow viscus that results in complete obstruction of the lumen. Intestinal atresia is one of the most frequent causes of bowel obstruction in the newborn. Intestinal atresia may present with suspicious findings on prenatal ultrasound, or with clinical symptoms that develop shortly after birth.

- Commonly, it affects the duodenum, followed by ileum and jejunum. Duodenal atresia is the most common cause of intestinal obstruction in neonates
- There may be single/multiple atresia
- Incidence: 1 in 10,000 live births

Imaging for neonates with suspected bowel obstruction



GI: gastrointestinal.

* A "double-bubble" sign on plain radiograph consists of two areas of lucency ("bubbles") representing air in the dilated stomach and proximal duodenum.

¶ The goal of the upper GI series is to evaluate for small intestinal atresia/stenosis and rule out malrotation/volvulus.

Δ The goal of the contrast enema is to look for evidence of Hirschsprung disease, meconium ileus, or distal intestinal atresia (colon or ileum).

◇ The goal of the limited upper GI series is to rule out malrotation with volvulus. If this disorder is present, proceed to surgery (no need for contrast enema).

David E Wesson. Intestinal atresia – UpToDate. Last updated: March, 2020

DUODENAL ATRESIA

Infants with duodenal atresia or stenosis typically have gastric distension and vomiting that is often but not always bilious. Affected infants may pass meconium. In approximately 10 to 20 percent of cases, duodenal atresia is associated with malrotation.

Types

- Type 1: Complete atresia: It is the commonest atresia. The proximal dilated segment and distal collapsed segment are completely separated
- Types 2: There is no separation of the two parts. However, a fibrous band is in between
- Type 3: It is incomplete obstruction: There may be a web or stenosis
- Windsock deformity: An incomplete diaphragm, with central aperture (hole) with proximal dilatation

Clinical features

- Clinical features of obstruction manifest within 48-72 hour in the form of obstruction.
- Atresia means imperforation; stenosis means narrowing
- Duodenal atresia presents as vomiting with or without bile minimal distension and visible gastric peristalsis
- Jaundice



Evaluation

X-ray abdomen erect: Double-bubble in duodenal atresia

Treatment

Duodenal atresia: Duodenojejunostomy by anastomosing dilated duodenum above the atresia to the jejunal loop

JEJUNAL & ILEAL ATRESIA

Affected infants typically develop abdominal distension and vomiting within the first two days after birth. Emesis usually is bilious. Most infants with bowel obstruction fail to pass meconium. However, meconium may remain in the distal bowel beyond the obstruction. As a result, newborns with jejunal or ileal atresia may pass meconium.

Salient features

- It can affect jejunum (common) or ileum
- Like duodenal atresia, it can be associated with maternal hydramnios or malrotation of the gut
- Exact reasons for atresia are not known. However, vascular variations in the mesentery such as V-shaped mesentery or due to occlusion of vessels in the intrauterine life are the possible factors
- Like any obstruction, proximal bowel is dilated and distal bowel is collapsed. The colon is very small-microcolon

GRIES FIELD MODIFICATION OF MARTIN'S - CLASSIFICATION

- Type I: Simple stenosis. Mesentery is normal. It is mucosa atresia
- Type II: Proximal and distal bowel are connected by a fibrous band which has no lumen-atretic segment. Here again, mesentery is normal.
- Type III: Further divided into 2 types. IIIa refers to atresia with V-shaped loss of mesentery in between, IIIb refer to complete jejuna) atresia with coiled ileum. It has been called Christmas tree deformity
- Type IV: Multiple atretic segments including mesentery

Treatment

Resection, anastomosis – aim is to conserve as much as possible.

Note: Postoperatively NICU nursing care is mandatory to achieve good outcome. Poor weight < 2.5 kg, higher level atresia, prematurity and type 3-b and multiple atresia carry poor prognosis. TPN and gastrostomy may be required.

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	Congenital Atresia & Stenosis of Small Intestine
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Evaluation	Yes
Upper / lower gastrointestinal series contrast study	Yes
Optional	Yes
X-ray erect/CT/MRI Abdomen	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intraoperative photos (optional)	Yes
Detailed discharge summary	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:

- Was clinical presentation and imaging indicative of surgery? Yes

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

References

- K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
- David E Wesson. Intestinal atresia – UpToDate. Last updated: March, 2020