



Guidance document for processing PM-JAY packages

Splenectomy

Procedures covered: 2

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Splenectomy	Open	S100132, S100226	SG042A	25,000
Splenectomy	Lap.	S100132, S100226	SG042B	25,000

ALOS: 7 Days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital; laparoscopic facility for laparoscopic procedures.

Disclaimer:

For monitoring and administering the claim management process of **Splenectomy- Open/ Lap.**, 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:

A splenectomy is the total or partial surgical removal of the spleen, an organ that is part of the lymphatic system.

INDICATIONS FOR SPLENECTOMY

- I. Always indicated

- Primary cancers of the spleen
- Hereditary spherocytosis

II. Usually indicated

- Primary hypersplenism
- Chronic Immune Thrombocytopenic Purpura
- Splenic vein thrombosis
- Splenic abscess
- Trauma

III. Sometimes indicated

- Splenic injury
- Autoimmune haemolytic disease
- Elliptocytosis haemolysis
- Nonspherocytic congenital haemolytic anaemia
- Hodgkin's disease with anaemia
- Thrombotic thrombocytopenic purpura
- Idiopathic myelofibrosis
- Splenic artery aneurysm
- Wiskott-Aldrich syndrome
- Gaucher's disease

IV. Rarely indicated

- Chronic leukaemia
- Thalassaemia major
- Sickle cell anaemia
- Felty's syndrome
- Hairy cell leukaemia

Generally contraindicated

- Autoimmune lymphoproliferative syndrome (ALPS)
- Cold agglutinin disease
- Hereditary stomatocytosis
- Hereditary xerocytosis
- Paroxysmal cold hemoglobinuria
- Thrombocytopenia in hepatic cirrhosis

Prophylaxis

- Vaccinations: meningococcal, pneumococcal, *Haemophilus influenzae*
- Penicillin for children < 18 years old

Surgical approach

The spleen can be removed either using an open laparotomy or a laparoscopic approach depending on spleen size and available expertise / instrumentation

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	Splenectomy
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Evaluation	Yes
USG/CECT Abdomen	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Histopathological examination	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, planned line of treatment, and indication for procedure?
- Did USG/CECT Abdomen confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?



- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was the imaging indicative of surgery?
- e. Was histopathological examination report submitted?

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. 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

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. Robert Bona. Elective (diagnostic or therapeutic) splenectomy – UpToDate. last updated: October, 2019
3. Anthony J. Senagore. The GALE ENCYCLOPEDIA of Surgery. 2004. A GUIDE FOR PATIENTS AND CAREGIVERS. Volume 3 (P-Z).