

Guidance document for processing PM-JAY packages

Oesophageal stricture

Procedures covered: 2

Specialty: Gastrostomy + Esophagoscopy + Threading (Pediatric Surgery)

Operations for Replacement of Oesophagus by Colon (General/Pediatric Surgery)

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Gastrostomy + Esophagoscopy + Threading	Gastrostomy + Esophagoscopy + Threading	S1400019	SS004A	20,000/-	5-7 days
Operations for Replacement of Oesophagus by Colon	Operations for Replacement of Oesophagus by Colon	S100213	SG002A	30,500/-	10-14 days

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 **Gastrostomy + Esophagoscopy + Threading / Operations for Replacement of Oesophagus by Colon**, 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 oesophageal stricture refers to the abnormal narrowing of the oesophageal lumen; which requires treatment. Oesophageal strictures in children are not an uncommon problem but may

be difficult to manage. It is a serious sequela to many different disease processes and underlying etiologies.

Causes: Postoperative strictures- following repair of oesophageal atresia with or without tracheoesophageal fistula (OA \pm TOF) – Oesophageal replacement surgery, surgical correction of gastroesophageal reflux, post-sclerotherapy

- Corrosives strictures—Ingestion of caustic substances
- Peptic strictures—Gastroesophageal reflux
- Vascular rings
- Congenital stenosis of esophagus
- Oesophageal strictures from foreign body impaction
- Degenerative disorders
- Achalasia

Diagnosis of an oesophageal stricture is suspected from a careful history.

Presenting symptoms:

- Dysphagia
- Chocking on food often
- Vomiting
- Failure to thrive
- Regurgitation

Associated symptoms:

- Stridor
- Chronic cough
- Hoarseness
- Nasal flaring
- Wheezing
- Tachycardia
- Tachypnea
- Anemia can be the presenting feature in peptic strictures
- Spastic pain occurring in esophagus

- In neonatal period or early infancy, they manifest as slow feeding and excessive regurgitation with or without cyanotic episodes.
- Older children often present with foreign body impaction of food in the esophagus. Some older children complain of dysphagia with solids foods and require the help of oral drinks to push forward the food bolus.

Management:

- Medical management
- Mechanical dilation of esophagus
- Gastrostomy
- Fundoplication
- Oesophageal myotomy (achalasia)
- Operations for Replacement of Oesophagus by Colon (Corrosive strictures)

***NOTE: Admission requirement at intervals (2-3 weekly) for six months or even more dilatations including fluoroscopy and Chest X-ray with the help of gastrostomy and threading. If the patient does not respond to this treatment then esophageal replacement is planned.**

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	Gastrostomy + Esophagoscopy + Threading	Operations for Replacement of Oesophagus by Colon
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
Barium contrast swallow / Upper Gastrointestinal Endoscopy	Yes	Yes
Optional based on clinical symptoms and availability: X-ray (PA & lateral views) CT/MRI Endoscopic ultrasound Oesophageal pH monitoring Oesophageal manometry Complete blood count Liver function test Metabolic profile Histopathological examination	Yes	Yes
Planned line of treatment	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed procedure/operative notes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes

Detailed discharge summary	Yes	Yes
Barium contrast swallow	Yes	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, indication for procedure?
- Barium contrast swallow/Upper GI endoscopy report submitted?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the discharge summary with follow-up advise provided?
- Was the clinical evaluation and imaging indicative of surgery?

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 the barium swallow test/upper GI endoscopy show constant narrowing on swallow with diagnosis of stricture? Yes
- Did the patient present with dysphagia for food or liquids? Yes
- Was the indication of Replacement of Oesophagus by Colon documented? Yes/Not Applicable

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

References



1. Devendra K Gupta (Editor). Pediatric Surgery-Diagnosis and Management, First Edition 2008. Chapter 31: Esophageal Strictures; Pg:369
2. Desai JP, Moustarah F. Esophageal Stricture. [Updated 2019 Nov 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542209/>
3. Vandenplas Y. Management of Benign Esophageal Strictures in Children. *Pediatr Gastroenterol Hepatol Nutr*. 2017;20(4):211-215. doi:10.5223/pghn.2017.20.4.211
4. Sami SS, Haboubi HN, Ang Y, et al UK guidelines on oesophageal dilatation in clinical practice *Gut* 2018;67:1000-1023.
5. Douglas S Fishman. Caustic esophageal injury in children – UpToDate. last updated: February, 2020.