



Guidance document for processing PM-JAY packages

Operation for Bleeding Peptic Ulcer

Procedures covered: 1

Specialty: General Surgery

Package Name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Operation for Bleeding Peptic Ulcer	Operation for Bleeding Peptic Ulcer	S100196	SG006A	22,500

ALOS: 5 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent in General Surgery, MCh/DNB/Equivalent (Surgical Gastroenterologist)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process for **Operation for Bleeding Peptic Ulcer** 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 CLINICAL 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:

Upper gastrointestinal (UGI) bleeding secondary to peptic ulcer disease is a common medical condition that results in high patient morbidity and medical care costs. While the majority of patients with bleeding peptic ulcers will stop bleeding spontaneously and not rebleed during hospitalization, a subgroup of patients is at high risk for recurrent hemorrhage and requires endoscopic therapy to decrease this risk. Most patients with acute bleeding can be managed with

fluid resuscitation and transfusion, acid suppression therapy, and endoscopic intervention. If endoscopic therapy fails, interventional angiography or surgery may be required.

Clinical presentation

Patients with bleeding from peptic ulcers may present with hematemesis (either red blood or coffee-ground emesis), or melena (black, tarry stool). In rare cases, patients have massive bleeding and present with hematochezia (red or maroon blood in the stool) and orthostatic hypotension.

The following criteria have been proposed for defining recurrent bleeding:

- Hematemesis or bloody nasogastric aspirate more than six hours after endoscopy
- Melena after normalization of stool color
- Hematochezia after normalization of stool color or after melena
- Development of tachycardia (heart rate ≥ 110 beats per minute) or hypotension (systolic blood pressure ≤ 90 mmHg) after at least one hour of hemodynamic stability (ie, no tachycardia or hypotension) in the absence of an alternative explanation for hemodynamic instability, such as sepsis, cardiogenic shock, or medications (of note, many endoscopists, ourselves included, consider tachycardia to be present if the heart rate is greater than 100 beats per minute)
- Hemoglobin drop of 2 g/dL or more after two consecutive stable hemoglobin values (less than a 0.5 g/dL decrease) obtained at least three hours apart
- Tachycardia or hypotension that does not resolve within eight hours after index endoscopy despite appropriate resuscitation (in the absence of an alternative explanation), associated with persistent melena or hematochezia
- Persistently dropping hemoglobin of more than 3 g/dL in 24 hours, associated with persistent melena or hematochezia

Management

- Pharmacological therapy
- Endoscopic therapy
 - Endoscopic therapy is indicated for the treatment of most ulcers with stigmata of recent hemorrhage that increase the risk of recurrent bleeding.
- Surgery

Indication for Surgical Management

In addition to failure of endoscopic therapy, other indications for surgery for peptic ulcer hemorrhage include:

- Hemodynamic instability despite vigorous resuscitation (more than a three units transfusion)
- Shock associated with recurrent hemorrhage
- Perforation

Secondary or relative indications include rare blood type, difficult crossmatch, refusal of transfusion, shock on presentation, advanced age, severe comorbid disease, and chronic gastric ulcer as the origin of hemorrhage. In addition, surgery may be appropriate for older adult patients who are unlikely to tolerate prolonged attempts at resuscitation, large volume transfusions, or periods of hypotension.

Treatment of persistent and recurrent bleeding

- Surgical treatments for peptic ulcer disease include oversewing of the artery with truncal vagotomy and pyloroplasty, antrectomy with gastrojejunostomy (Billroth II procedure), and highly selective vagotomy.
- Emergency surgery for bleeding peptic ulcer disease involves oversewing of the ulcer (to ligate the bleeding artery) plus truncal vagotomy (to decrease acid secretion) and pyloroplasty (for gastric drainage).

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	Operation for Bleeding Peptic Ulcer
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of procedure, and planned line of management	Yes
Confirmed case of peptic ulcer disease	Yes
Upper endoscopy	Yes
Optional Angiography CECT Abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes

Detailed discharge summary	Yes
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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, established prior diagnosis of peptic ulcer disease, previous surgery notes, signs & symptoms, planned line of management, indication for procedure, and advice for admission?
- Did clinical evaluation and imaging confirm the diagnosis of bleeding peptic ulcer?

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?
- Intra-operative photographs submitted (optional)?
- Was the imaging indicative of surgery?
- Is the Discharge summary with follow-up advice at the time of discharge?

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

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 (PPD):

- Did the patient complaint of melena, blood in vomit? Yes
- Was the patient a confirm case of peptic ulcer disease? Yes
- Was clinical presentation, evaluation findings, and imaging indicative of surgery? Yes



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

References

1. Ashley H Vernon, Stephen J Ferzoco, Stanley W Ashley. Surgical management of peptic ulcer disease – UpToDate. Last Updated: October 2019.
2. John R Saltzman. Overview of the treatment of bleeding peptic ulcers. UpToDate. Last Updated: January 2021.
3. Nimish B Vakil. Overview of complications of peptic ulcer disease. UpToDate. Last Updated: September 2020.