



Guidance document for processing PM-JAY packages

Choledochal cyst

Procedure covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Operation of Choledochal Cyst	Operation of Choledochal Cyst	S100211	SG041A	24,500

ALOS: 5 Days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Operation of Choledochal cyst**, 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:

Choledochal cyst (biliary cysts) is defined as an isolated or combined congenital dilatation of the extra or intrahepatic biliary tree. Choledochal cyst is not an isolated entity but rather regarded as a constellation of pathological anomalies in the hepato-pancreaticobiliary system. Biliary cysts are associated with significant complications such as ductal strictures, stone formation, cholangitis, rupture, and secondary biliary cirrhosis. In addition, certain types of biliary cysts have a high risk of malignancy.

TODANI CLASSIFICATION

Types

Type I: Fusiform dilatation of Common Bile Duct (CBD) -commonest

Type II: Lateral saccular diverticulum of the CBD

Type III: Dilatation of intraduodenal segment of CBD (choledochocoele)

Type IV: Dilatation of CBD + intrahepatic biliary dilatation

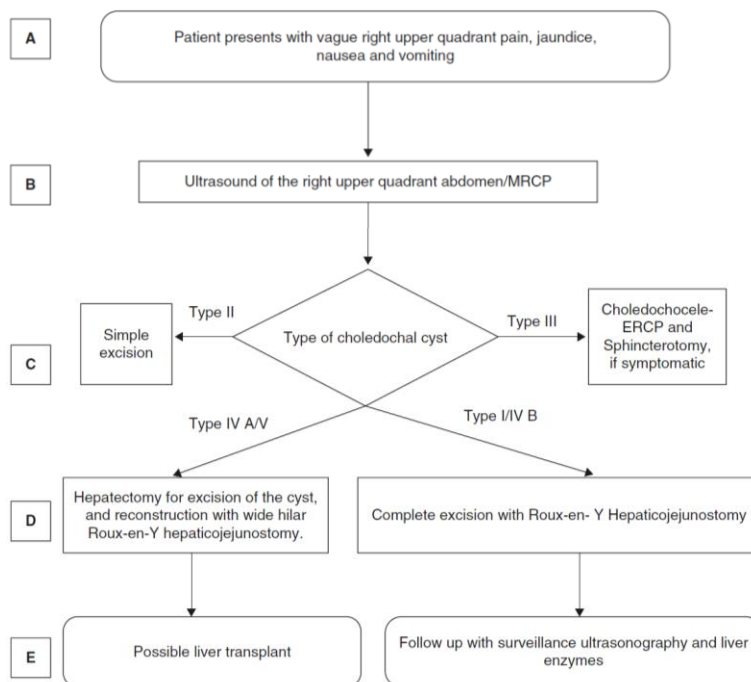
Type V: Multiple intrahepatic cysts-Caroli's disease

Clinical features

- Age: Majority of cases manifest in children within 1-2 years of age. It can also present in adults
- More common in females 4: 1
- Abdominal distension can be due to a large cyst. The cyst can be palpated per abdomen in the right hypochondrium
- Slow progressive jaundice, recurrent attacks with abdominal pain and pyrexia

Patients may also report nausea, vomiting, fever, pruritus, and weight loss. Infants typically present with obstructive jaundice and abdominal masses, children more often present with abdominal pain and nausea/vomiting, and adults frequently present with pain, fever, nausea/vomiting, and jaundice.

Algorithmic Approach – Choledochal cysts



Treatment

Cyst excision with Roux-en-Y hepatoenterostomy is the definitive treatment of choice in all patients with Choledochal cyst, regardless of age or symptomatology.

- This anomaly is premalignant. Change to carcinoma is a well-recognized complication and it carries poor prognosis.

Hence, excision of the cyst and reconstruction is the treatment of choice:

- Type I: Excision of the cyst followed by Roux-en-Y hepaticojejunostomy or hepaticoduodenostomy
- Type II: Excision of the diverticulum with suturing of CBD
- Type III: Endoscopic sphincterotomy is adequate (choledochocoele)
- Type IV: They are difficult to treat. Due to recurrent cholangitis, if total excision is not possible due to adhesions between the cyst and portal vein, posterior wall of the cyst can be left behind, after removal of mucosa. This is described as Lilly's technique
- Type V:
 - Hepatectomy
 - Liver transplantation

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 of Choledochal cyst
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Ultrasound Abdomen	Yes
Magnetic Resonance Cholangiopancreatography (MRCP)	Yes
Optional Endoscopic retrograde cholangiopancreatography (ERCP) / CT 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

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 (PPD):

- I. Was the clinical details 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. Gupta, Shreya & Hardacre, Jeffrey & Ammori, John. (2019). Choledochal Cysts: A Practical Guide. 10.1007/978-3-319-98497-1_92
3. Mark Topazian. Biliary cysts - UpToDate. last updated: December 2018