



Guidance document for processing PM-JAY packages

Cholecystectomy

(Except Radical/ Revision)

Procedures covered/ Procedure count: 4

Specialty: General Surgery / Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Cholecystectomy	Without Exploration of CBD – Open	New Package	SG039A	22,800
Cholecystectomy	With Exploration of CBD - Open	S100153	SG039B	22,800
Cholecystectomy	Without Exploration of CBD - Lap.	S100181	SG039C	22,800
Cholecystectomy	With Exploration of CBD - Lap.	S100175	SG039D	22,800

ALOS: Open - 6 days and **Laparoscopic** – 3 days

Minimum qualification of the treating doctor:

Essential: MS / DNB/ equivalent (General Surgery)/ DNB/ MCh/ equivalent (Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Laparoscopic facility with trained specialties in laparoscopic surgeries for performing laparoscopic surgeries.

Disclaimer:

For monitoring and administering the claim management process of **Cholecystectomy - Without Exploration of CBD – Open, Cholecystectomy - With Exploration of CBD – Open, Cholecystectomy - Without Exploration of CBD - Lap., and Cholecystectomy - With Exploration of CBD - Lap.** for 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. However, this document doesn't provide any guidance on clinical and therapeutic management of patient.

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:

Proceed with Cholecystectomy only if diagnosis made is backed by clinical manifestation

- Biliary Colic
- Acute Cholecystitis*: pain in right hypochondrium or epigastrium, fever, vomiting and leukocytosis.
- Acute Pancreatitis*: Sever unrelenting pain in epigastrium radiating to the back associated with vomiting, abdominal distension and obstipation.
- Cholelithiasis*: Epigastric or right upper quadrant pain with jaundice and fever. There may be history of itching with dark urine and pale stools. In some patients cholelithiasis may be incidentally detected on evaluation of gall stone disease.
- Cholangitis*: Pain in abdomen with jaundice and fever with chills.

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	Cholecystectomy
i. At the time of Pre-authorization	
Clinical notes	Yes
USG upper abdomen	Yes
LFT (Liver function test)	Yes
ii. At the time of claim submission	
Operative notes	Yes
Pre-anesthesia check-up report	Yes
Detailed Discharge Summary	Yes
Intraoperative photograph and Pictures of gross specimen removed	Yes
Histopathology report (can be submitted within 7 days of discharge)	Yes

PART II: GUIDELINES FOR PROCESSING TEAM



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:

- I. USG showing presence of calculi in gall bladder? Yes
- II. Patient having complain of right hypochondrium or epigastrium? Yes
- III. Cholecystectomy done in the past? No

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

References: Clinical pathways, General Surgery, RSBY, World Bank & FICCI, May 2015