



## Guidance document for processing PM-JAY packages

### Percutaneous Transhepatic Biliary Drainage (PTBD)

Procedures covered: 1

Specialty: General Surgery/IVR/Surgical Oncology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Percutaneous Transhepatic Biliary Drainage (PTBD)	Percutaneous Transhepatic Biliary Drainage (PTBD)	New Package	SG105A	10,000 + Implant Cost

**ALOS (In days):** NA

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/ Gen Surgery, MD/DNB Radiology.

**Special empanelment criteria/linkage to empanelment module:** Secondary care facilities with interventional radiology facilities.

#### Disclaimer:

For monitoring and administering the claim management process of **Percutaneous Transhepatic Biliary Drainage (PTBD)** 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:**

Percutaneous biliary drainage is a primary therapeutic or palliative drainage of bile in patients with biliary obstruction. It is an image-guided procedure which can be performed under fluoroscopy or combined ultrasound and fluoroscopic guidance.

### Indications of PTBD for palliation in obstructive jaundice include:

- Cholangitis
- Pain alleviation
- Pruritus
- To decrease serum bilirubin before the initiation of chemotherapy
- To access biliary system for further palliative interventions such as stent placement or transhepatic brachytherapy for cholangiocarcinoma.
- To manage post-operative complications like
  - Failed pancreatico-jejunostomy anastomosis.
  - Failed bilio-enteric anastomosis.
  - Duodenal stump insufficiency.
  - Post-operative leak from extrahepatic bile ducts.

### Contraindications

- Absolute
  - Uncorrectable bleeding diathesis.
- Relative
  - International Normalized Ratio (INR)>1.5
  - Platelet counts <50,000
  - Ascites
  - Multiple hepatic cysts.

### 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	Percutaneous Transhepatic Biliary Drainage (PTBD)
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes detailing history.	Yes
b. Admission notes showing vitals and examination findings.	Yes
c. Relevant Investigations such as CBC/LFT/USG/CT/MRCP	Yes
<b>ii. At the time of claim submission</b>	

a. Detailed Indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. All investigation reports	Yes
d. Invoice/barcode of the stent (if used)	Yes
e. Detailed discharge summary	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. Were the patient's Clinical history/ investigations indicative of the procedure? Yes
- II. Was the International Normalized Ratio (INR) >1.5? No

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

### **References:**

1. A D, V B, S G, Ak G. Percutaneous biliary intervention: tips and tricks. Trop Gastroenterol. 2017 Jun 22;38(2):71–89.
2. Chandrashekhara, S. H., Gamanagatti, S., Singh, A., & Bhatnagar, S. (2016). Current Status of Percutaneous Transhepatic Biliary Drainage in Palliation of Malignant Obstructive Jaundice: A Review. Indian journal of palliative care, 22(4), 378–387. <https://doi.org/10.4103/0973-1075.191746>.