



## Guidance Document for Processing PM-JAY Packages

### ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

Package Covered: 01  
Speciality: General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.1	Procedure Code HBP 2022	Package Price
ERCP	ERCP + Stenting / Stone removal	New Package	SG103A	SG103A	NRP: Rs. 20,000/- Tier 3: Rs. 25,000/- Tier 2: Rs. 28,400/- Tier 1: Rs. 30,000/-
ERCP	ERCP	New Package	New Package	SG109A	NRP: Rs. 15,000/- Tier 3: Rs. 15,000/- Tier 2: Rs. 17,600/- Tier 1: Rs. 18,800/-

Average Length of Stay (ALOS): 01 Day

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) or Gastroenterologist

Special Empanelment Criteria / Linkages to Empanelment Module: Care at Tertiary Hospital

#### Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Endoscopic Retrograde Cholangiopancreatography (ERCP)**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

### PART I: Guidelines for Clinicians and Healthcare Providers

#### 1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

#### 1.2 Clinical Key Pointers:

Endoscopic Retrograde Cholangiopancreatography (ERCP) is a combined endoscopic and fluoroscopic procedure in which an upper endoscope is led into a second part of the duodenum, making it possible for the passage of other tools via the major duodenal papilla into the biliary and pancreatic ducts.

- **ERCP as a Diagnostic Procedure:** To perform Cholangiopancreatography, biopsy, brush cytology or ductal ultrasound.



- **ERCP as a Therapeutic Procedure:** To perform Sphincterotomy, stent placement and stone removal.
- **Indications:**
  - Obstructive Jaundice
  - Biliary or Pancreatic ductal system disease treatment or tissue sampling
  - Pancreatitis of unknown cause
  - Manometry of Sphincter of Oddi
  - Nasobiliary drainage
  - Biliary stenting for strictures and leakage
  - Drainage of pancreatic pseudocysts
  - Balloon dilation of duodenal papilla and ductal strictures

### 1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

#### I. For Pre-Authorisation:

- a. Clinical Notes with history and examination with indication for the procedure
- b. CBC and LFT
- c. USG Abdomen

#### II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. ERCP photograph
- d. Invoice or barcode of the stent (if used)
- e. Detailed Discharge Summary

## **PART II: Guidelines for Processing Team**

### 2.1 Objective:

To guide the Pre-Authorisation and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by the 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.

#### I. At the time of Pre-Authorisation processing – For PPD

- i. Admission notes comprising of history and examination with indications for the procedure. Yes
- ii. Are the relevant investigations like CBC, LFT and USG establishing diagnosis submitted? Yes

#### II. At the time of Claim Processing – For CPD



- i. Are the detailed ICPs with daily vitals and treatment details available?
- ii. Are the detailed Operative/Procedure notes available?
- iii. Is the discharge summary with follow-up advice available at the time of discharge?
- iv. Is the ERCP photograph submitted?
- v. Is the invoice or barcode of the stent (if used) submitted?

### **PART III: Guidelines for IT**

#### **3.1 Objective:**

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in case of ERCP:**

##### **a. At Pre-Authorisation (PPD):**

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Whether the investigation reports confirm the diagnosis? Yes.

##### **b. At Claim Submission (CPD):**

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.

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

#### **References:**

1. Meseeha M, Attia M. Endoscopic Retrograde Cholangiopancreatography. [Updated 2022 May 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493160/>
2. Dahale AS, Puri AS, Sachdeva S, Kumar A. Endoscopic Retrograde Cholangiopancreatography in Children: A single-centre experience from Northern India. Indian Pediatr. 2019 Mar 15;56(3):196-198. PMID: 30954989.