

## Guidance document for processing PM-JAY packages

### Operative Cholecystostomy

Procedures covered: 2

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Operative Cholecystostomy	Open	S100154	SG040A	10,000
Operative Cholecystostomy	Lap.	S100154	SG040B	10,000

**ALOS:** 5-7 Days

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/Equivalent (General Surgery), MCh/DNB/Equivalent (Pediatric surgery, Surgical Gastroenterology)

**Special empanelment criteria/linkage to empanelment module:** Care at Tertiary Hospital/  
Laparoscopic facility for laparoscopic procedures

#### Disclaimer:

For monitoring and administering the claim management process of **Operative Cholecystostomy- Open/ Lap**, 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:

A cholecystostomy decompresses and drains the distended, inflamed, hydropic, or purulent gallbladder. It is applicable if the patient is not fit to tolerate an abdominal operation. Today cholecystostomy is **usually placed under image guidance by a percutaneous technique**. Surgical cholecystostomy may be needed in some situations.

It is the operation of choice in some elderly patients with

- Acute cholecystitis
- In poor surgical risks who present a well-defined mass

- In seriously ill patients in whom minimum surgery is desirable when a large abscess surrounds the gallbladder
- When technical difficulties make cholecystectomy hazardous
- If there is obstruction of the common duct with long-standing jaundice and a tendency toward hemorrhage that cannot be controlled by vitamin K and transfusions or percutaneous transhepatic biliary tube drainage, preliminary cholecystostomy for decompression may be the procedure of choice

### 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	Operative Cholecystostomy
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical evaluation	Yes
USG/CT Abdomen / Liver function test / White blood count / Hepatobiliaryiminodiacetic acid scan (HIDA scan-optional)	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Operative photographs	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:**

- Was clinical evaluation and imaging/investigation 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. Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department Government of Tamil Nadu
3. S. Gallinger, Gordon Buduhan, Sam Minor. General Surgery. MCCQE 2000 Review Notes and Lecture Series.
4. Robert M. Zollinger, E. Christopher Ellison. 2011. Zollinger's atlas of surgical operations. Ninth Edition.