



## Guidance document for processing PM-JAY packages

### Endoscopic Retrograde Cholangiopancreatography (ERCP) +/- Stenting

Procedures covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Endoscopic Retrograde Cholangiopancreatography (ERCP) +/- Stenting	Endoscopic Retrograde Cholangiopancreatography (ERCP) +/- Stenting	New Package	SG103A	15,000 + Implant Cost

ALOS (In days): 1Day

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/equivalent (Gen Surgery)/Gastroenterologist

**Special empanelment criteria/linkage to empanelment module:** Tertiary care facilities.

#### Disclaimer:

For monitoring and administering the claim management process of **Endoscopic Retrograde Cholangiopancreatography (ERCP) +/- Stenting** 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:**

- **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 passage of other tools via the major duodenal papilla into the biliary and pancreatic ducts.

- **ERCP as a Diagnostic procedure:** To perform Cholangiopancreatography, biopsy or brush cytology and intraductal ultrasound.
- **ERCP as a Therapeutic procedure:** To perform Sphincterotomy, stent placement and stone removal.
- **Indications:**  
ERCP indications include obstructive jaundice, biliary or pancreatic ductal system disease treatment or tissue sampling, suspicion for pancreatic cancer, pancreatitis of unknown cause, manometry for sphincter of Oddi, nasobiliary drainage, biliary stenting for strictures and leakage, drainage of pancreatic pseudocysts, and balloon dilation of the duodenal papilla and ductal strictures.

### 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	ERCP +/- Stenting
<b>i. At the time of Pre-authorization</b>	
a. Admission Notes comprising of history and examination with indications for the procedure.	Yes
b. Relevant Investigations such as CBC/LFT/USG.	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. ERCP photograph	Yes
d. Invoice or barcode of the Stent (if used)	Yes
e. Detailed discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by 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:

Mandatory document	ERCP +/- Stenting
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Admission Notes comprising of history and examination with indications for the procedure.	Yes
b. Are the Relevant Investigations - CBC/LFT/USG establishing diagnosis submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the detailed Procedure / Operative notes submitted?	Yes
c. Is the ERCP photograph submitted?	Yes
d. Is the Invoice or barcode of the Stent (if used) submitted?	Yes
e. Is the detailed discharge summary submitted?	Yes

## **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

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

### **References:**

1. Meseeha M, Attia M. Endoscopic Retrograde Cholangiopancreatography. [Updated 2020 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493160/>
2. Dahale AS, Puri AS, Sachdeva S, Srivastava S, Kumar A. Endoscopic Retrograde Cholangiopancreatography in Children: A Single-center Experience From Northern India. Indian Pediatr. 2019 Mar 15;56(3):196-198. PMID: 30954989.