



## Guidance Document for Processing PM-JAY Packages

### CHOLEDOCHODUODENOSTOMY OR CHOLEDOCHOJEJUNOSTOMY

**Package Covered:** 01  
**Speciality:** General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.0	Procedure Code HBP 2022	Package Price
Choledochoduodenostomy Or Choledchojejunostomy	Choledochoduodenostomy Or Choledchojejunostomy	New Package	New Package	SG118A	NRP: Rs. 35,000/- Tier 3: Rs. 35,000/- Tier 2: Rs. 41,000/- Tier 1: Rs. 43,800/-

**Average Length of Stay (ALOS):** 7 Days

**Minimum Qualification of the treating/operating doctor:**

**Essential:** MS/MCh/DNB/Equivalent (General Surgery/GI Surgery/ Paediatric Surgery)

**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 **Choledochoduodenostomy or Choledchojejunostomy**. 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 the clinical and therapeutic management of a patient.

### **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:**

Choledochoduodenostomy and Choledchojejunostomy are used in the treatment of selected patients with retained, recurrent, and impacted bile duct stones; strictures of bile ducts; stenosis of the sphincter of Oddi, pancreatitis associated with biliary disease, choledochal cysts, fistulas of bile duct; and biliary obstruction, either benign or malignant. The procedure is not done along with other stone removal procedures, such as CBD exploration.

#### **Choledochoduodenostomy:**

A right subcostal incision is usually performed. The duodenum is widely mobilised by a generous Kocher manoeuvre so that it can be approximated to the common bile duct without tension. A 2.0-2.5 cm longitudinal incision is made in the distal common bile duct, as close as possible to



the area of stenosis or obstruction in patients with benign disease. In patients with unresectable cancer of the duct or pancreas, the bile duct opening should be placed high in the duct. In patients with stricture, the bile duct is divided, and the stricture is excised. The duodenum and duct are joined by a posterior row of interrupted 3-0 silk sutures. The duodenum is opened longitudinally for 2.0-2.5 cm, and the second row of interrupted 3-0 or 4-0 chromic catgut sutures are placed with thin-walled ducts or different anastomosis. A final row of interrupted 3-0 silk sutures completes the anterior row of anastomosis.

#### **Choledochojejunostomy:**

A right subcostal incision is again preferred since it gives optimal exposure to the subhepatic area in most patients. The bile duct is exposed, and a longitudinal, 2.0-2.5 cm opening is made in a distal duct for benign obstruction, in the upper duct for patients with unresectable malignant disease, or duct is divided for patients with a complete stricture. A Roux-en-Y jejunal segment is prepared, the end of the jejunal limb is closed, and the jejunum approximated to the bile duct with a posterior row of interrupted 3-0 silk sutures. The jejunum is opened longitudinally for 2.0-2.5 cm, and a second inner row of interrupted 3-0 or 4-0 chromic catgut sutures is placed. A T-tube may be used for selected patients with difficult anastomoses. A final row of interrupted 3-0 silk sutures completes the anastomoses.

### **1.3 Mandatory Documents – For Healthcare Providers:**

Following documents should be uploaded by the concerned hospital staff at the time of Pre-authorisations and claims submission.

#### **I. For Pre-Authorisation:**

- a. Clinical Notes with history and examination and planned line of treatment
- b. LFT with Bilirubin, RFT, Coagulation Profile and Serum Electrolytes
- c. CT Abdomen / Endoscopic Retrograde Cholangiopancreatography (ERCP) / Magnetic resonance cholangiopancreatography (MRCP) showing dilated (>1.3 cm) common bile duct

#### **II. For Claims Submission:**

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Post Procedure LFT
- d. Intra Operative Clinical Photograph
- 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. Clinical notes with detailed history, signs and symptoms, clinical examination, planned line of treatment, and indications for the procedure?



- ii. Whether all the relevant investigation reports available?
- iii. Whether CT Abdomen / ERCP / MRCP report available?

## **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. Whether post-operative LFT report available?
- v. Whether intra-operative clinical photograph 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 Choledochoduodenostomy or Choledochojejunostomy:**

#### **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. Choledochojejunostomy, Blumgart's Surgery of the Liver, Pancreas and Biliary Tract (Fifth Edition), 2012
2. Christina N Grant, MD; Kurt E Roberts, MD. Choledochojejunostomy, Medscape [Internet], Available at: <https://emedicine.medscape.com/article/1891439-overview> Mar 2021. Accessed on: 10-06-2021