



Guidance Document for Processing PM-JAY Packages

DISTAL PANCREATECTOMY + SPLENECTOMY

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
Distal Pancreatectomy + Splenectomy	Distal Pancreatectomy + Splenectomy	New Package	New Package	SG122A	NRP: Rs. 60,000/- Tier 3: Rs. 60,000/- Tier 2: Rs. 70,200/- Tier 1: Rs. 75,000/-

Average Length of Stay (ALOS): 7 Days

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) (or) MCh/DNB/Equivalent (GI 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 **Distal Pancreatectomy + Splenectomy**. 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:

A distal Pancreatectomy is the removal of the end of the pancreas while leaving the pancreatic head attached. It is performed to treat pancreatic cancer localised at the end of the pancreas but may also be used for chronic pancreatitis, pancreatic pseudocysts, and injury due to trauma. The adjacent spleen is often removed when the disease affects the splenic artery or vein.

After the end of the pancreas is removed, the remaining portion of the organ functions normally by producing and releasing digestive enzymes and hormones. Compared to surgical procedures that remove the head of the pancreas, a distal pancreatectomy is performed in much less time and requires a shorter recovery period. The procedure can also be performed laparoscopically and may be combined with chemotherapy or radiation therapy.

Tumours in the tail of the pancreas are removed with distal pancreatectomy. In cancer cases, the tumour often invades the splenic artery or vein. In addition, cancers in this location can spread to



the lymph nodes in the hilum of the spleen. For these reasons, the removal of the spleen is also indicated along with the tail of the pancreas. The pancreatic duct and cut edge of the pancreas are oversewn to prevent leakage of pancreatic enzymes/hormones.

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 and planned line of treatment
- b. CT Abdomen Report
- c. Biopsy Report (Optional)

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Intraoperative Photograph (Optional)
- d. Detailed Discharge Summary
- e. Post Operative HPE Report

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 CT Abdomen 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 discharge?
- iv. Whether post-operative HPE report 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 the case of Distal Pancreatectomy + Splenectomy:

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. Fernández-Cruz L. Distal pancreatic resection: technical differences between open and laparoscopic approaches. HPB (Oxford). 2006;8(1):49-56. doi:10.1080/13651820500468059.
2. Laureano Fernández-Cruz, David Orduña, Gleydson Cesar-Borges, Miguel Angel López-Boado, Distal pancreatectomy: en-bloc splenectomy vs spleen-preserving pancreatectomy, HPB, Volume 7, Issue 2, 2005, Pages 93-98, ISSN 1365-182X, <https://doi.org/10.1080/13651820510028972>.