



Guidance Document for Processing PM-JAY Packages

HEPATICO-JEJUNOSTOMY FOR BILIARY STRICTURE

Package Covered: 01
Speciality: General Surgery / GI 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
Hepatico Jejunostomy for biliary stricture	Hepatico Jejunostomy for biliary stricture	New Package	New Package	SG119A	NRP: Rs. 45,000/- Tier 3: Rs. 45,000/- Tier 2: Rs. 52,700/- Tier 1: Rs. 56,300/-

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 **Hepatico-Jejunostomy for biliary stricture**. 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:

Hepatico-Jejunostomy is the surgical creation of a communication between the hepatic duct and jejunum.

Indications:

Major Indications are:

- Benign or Iatrogenic strictures
- Injuries to the biliary system

Contraindications:

Patients with severe systemic illnesses such as severe cardiac or pulmonary dysfunction and the presence of a proximal obstruction to bile flow are the contraindications to this procedure.

Technique:

Common approaches for creating Hepaticojejunal anastomoses are:

- Right subcostal incision
- Right paramedian incision
- Midline incision

After entry into the abdomen, the adhesions to the biliary strictures are meticulously dissected. Dilated Common Bile Duct (CBD) is identified, and two traction sutures are placed on either side of the dilated CBD. The distal CBD is then ligated, and the duct is divided below the traction sutures. Bile specimen is obtained at this point for culture and sensitivity testing, any debris present is removed, and the area is irrigated.

For anastomosis to CBD, a Roux-en-Y jejunal limb is necessary. This limb is identified and transected from the ligament of Treitz. Transection at this point along the jejunum provides sufficient bowel mesentery length to reach the hepatic hilum when an antecolic Roux procedure is performed.

To achieve a stable anastomosis, mucosal contact must exist between the bowel and the biliary tree. For a hepatico-jejunostomy, this is achieved by performing a side-to-side anastomosis to the Roux limb.

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. LFT with Bilirubin, RFT, Coagulation Profile and Serum Electrolytes
- c. USG Abdomen
- d. CT Abdomen / Endoscopic Retrograde Cholangiopancreatography (ERCP) / Magnetic Resonance Cholangiopancreatography (MRCP) Report showing stricture

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 USG Abdomen report is available?
- iv. 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 available?

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 Hepatico-Jejunostomy for Biliary Stricture:

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 the detailed procedure notes confirm the procedure claimed? Yes
- ii. Is the detailed discharge summary submitted? Yes

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

References:

1. Fazia Mir, MD; Kurt E Roberts, MD. Hepaticojejunostomy Procedure, Medscape (Internet), emedicine.medscape Overview, March 2021.
2. Moris D, Papalampros A, Vailas M, Petrou A, Kontos M, Felekouras E. The Hepaticojejunostomy Technique with Intra-Anastomotic Stent in Biliary Diseases and Its Evolution throughout the Years: A Technical Analysis. Gastroenterol Res Pract. 2016; 2016:3692096. doi:10.1155/2016/3692096