



Guidance Document for Processing PM-JAY Packages

PANCREATIC NECROSECTOMY

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
Pancreatic Necrosectomy	Pancreatic Necrosectomy	New Package	New Package	SG121A	NRP: Rs. 60,000/- Tier 3: Rs. 60,000/- Tier 2: Rs. 70,200/- Tier 1: Rs. 75,000/-

Average Length of Stay (ALOS): 15-20 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 **Pancreatic Necrosectomy**. 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:

Acute pancreatitis is a common condition, the incidence of which is increasing with every passing year. Between 5-10% of patients with acute pancreatitis develop infected pancreatic necrosis. Severe pancreatitis leads to necrosis of pancreatic tissue despite aggressive supportive care, including antibiotics. However, the necrotic tissue initially remains sterile, primarily determined by the extent of pancreatic necrosis. Once infected, the septic process commences immediately, leading to multiple organ failures and high mortality.

Infected and necrotic pancreatic tissue serves as a nidus for pro-inflammatory factors to be released in large amounts locally and systemically. This elicits a severe inflammatory reaction, thereby exacerbating or amplifying Severe Inflammatory Response Syndrome (SIRS) features. The persistence of these effects eventually leads to septicaemia and Multiple Organ Dysfunction Syndrome (MODS), eventually terminating in death. Therefore, removing this infected necrotic

debris reduces the quantum of pro-inflammatory factors released into the system, thereby reducing the systemic inflammatory response.

The procedure is performed through a midline incision, and the entire abdomen is assessed. Once the focus of necrosis is exposed, blunt necrosectomy is performed, which ensures atraumatic removal of necrotic tissue without damaging the residual pancreatic tissue. After primary necrosectomy, the cavity is irrigated, packed, and closed after placing drains.

The general agreement is that surgery for severe pancreatitis should be performed as late as possible. The rationale for late surgery is the ease of identifying well-demarcated necrotic tissue from viable parenchyma, limiting the extent of surgery to pure debridement. Necrosectomy performed beyond three weeks from the onset of an acute attack usually yields better results.

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. USG Guided FNAC (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. Histopathology and Culture Reports

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 the time of discharge?
- iv. Whether HPE and Culture reports 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 Pancreatic Necrosectomy at Medco/PPD/CPD levels:

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. J. Werner, W. Hartwig, T. Hackert, M. W. Buchler, Surgery in the treatment of Acute Pancreatitis – Open Pancreatic Necrosectomy, Scandinavian Journal of Surgery 94: 130-134, 2005.
2. Traverso LW, Kozarek RA. Pancreatic necrosectomy: definitions and technique. J Gastrointest Surg. 2005 Mar;9(3):436-9. doi: 10.1016/j.gassur.2004.05.013. PMID: 15749608.
3. K Vagholkar, A Singhal, S Pandey, I Maurya. Pancreatic Necrosectomy: When and How? The Internet Journal of Surgery, 2013 Volume 30 Number 4.