



Guidance document for processing PM-JAY packages

Ilio-Inguinal lymphadenectomy

Procedures covered: 1

Specialty: Urology

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|-------------------------------|-------------------------------|---|--------------|---------------------|
| Ilio-Inguinal lymphadenectomy | Ilio-Inguinal lymphadenectomy | S700135, S700136, S700137, S700138 | SU091A | 18,500 |

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology)

Desirable: MCh/Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: Care at tertiary care hospital

Disclaimer:

For monitoring and administering the claim management process of **Ilio-Inguinal lymphadenectomy**, 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:

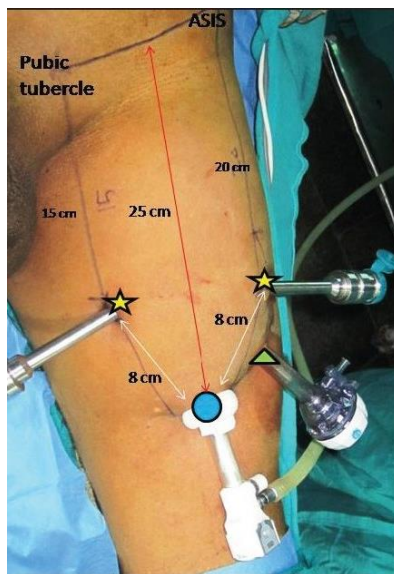
Ilio-Inguinal lymphadenectomy is most performed surgical procedure for several malignant conditions of male and female genitalia, and the skin.

Indications: Carcinoma of the penis, Carcinoma of Urethra, scrotum, and testis with scrotal invasion.

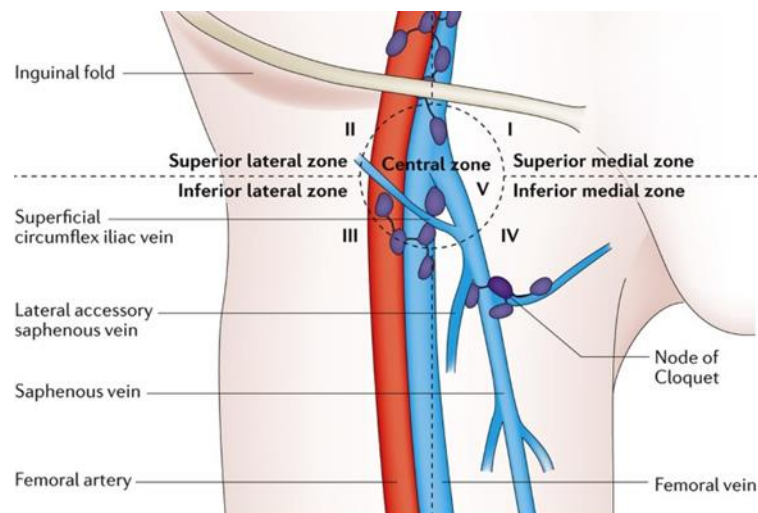
Diagnosis: Non-invasive (USG/CT/MRI/FDG-PET) Ultrasound (USG) combined with fine-needle aspiration cytology (FNAC)

Management: involves clearing the superficial and deep inguinal nodal basins. Both **open inguinal lymphadenectomy** (OIL) and **Minimally invasive techniques:** laparoscopically assisted ilio-inguinal lymphadenectomy (LIIL) or Video endoscopic inguinal lymphadenectomy (VEIL) are in practice.

- **Lymph node metastasis** is the most important prognostic indicator for survival in squamous cell carcinoma of the penis. lymphadenectomy in penile cancer offers a chance for cure in low nodal burden disease in contrast to other urological malignancies such as bladder cancer or renal cell carcinoma where lymph node involvement leads poor prognosis.
- **Open inguinal lymphadenectomy** is the gold standard treatment of metastatic inguinal lymph nodes.
- Radical Inguinal Lymphadenectomy, Superficial Inguinal Lymph node Dissection (SILD), Modified inguinal lymphadenectomy, Dynamic sentinel node biopsy
- Patients with low-stage nodal metastasis can achieve durable survival with surgery alone.



PM Dogra et.al. 2011



Nature Reviews | Urology
A Leone et.al. 2017

Endoscopic inguinal lymphadenectomy

Inguinal lymph node

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 | Ilio-inguinal lymphadenectomy |
|---|-------------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes with planned line of treatment | Yes |
| b. USG/CT/MRI / FNAC/Biopsy report confirming the diagnosis | Yes |
| ii. At the time of claim submission | |
| a. Detailed Indoor case papers (ICPs) | Yes |
| b. Detailed Procedure / operation notes | Yes |
| c. Histopathology report | Yes |
| d. Detailed discharge summary | Yes |

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR IT

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. Was the Clinical notes and USG/CT/MRI report submitted are suggestive for the surgery? Yes

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

References:

1. Ray, Mukur Dipi, et al. "Modified skin bridge technique for ilio-inguinal lymph node dissection: A forgotten technique revisited." World Journal of Methodology 6.3 (2016): 187.
2. Crawford, E. D., and F. I. R. O. U. Z. Daneshgari. "Management of regional lymphatic drainage in carcinoma of the penis." The Urologic clinics of North America 19.2 (1992): 305.
3. Dogra, P. N., Ashish Kumar Saini, and Prabhjot Singh. "Robotic-assisted inguinal lymph node dissection: a preliminary report." Indian journal of urology: IJU: journal of the Urological Society of India 27.3 (2011): 424.



4. Leone, Andrew, et al. "Contemporary management of patients with penile cancer and lymph node metastasis." *Nature Reviews Urology* 14.6 (2017): 335-347.
5. Niyogi, Devayani, et al. "Management of clinically node-negative groin in patients with penile cancer." *Indian Journal of Urology: IJU: Journal of the Urological Society of India* 36.1 (2020): 8.