



Guidance document for processing PM-JAY packages

Lung cyst

Procedure covered: 1

Specialty: CTVS, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lung surgery including Thoracotomy	Lung cyst excision	S1300054	SV023A	45,000/-

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (in CTVS, Pediatric Surgery, Thoracic Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Lung cyst excision**, 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:

Cystic lung disease (CLD) is a group of lung disorders characterized by the presence of multiple cysts, defined as air-filled lucencies or low-attenuating areas, bordered by a thin wall (usually < 2 mm). Cysts are rare in asymptomatic individuals < 55 years of age but their prevalence increases with age.

CLD is a constellation of diverse lung disorders that originate from various causes, but they have in common an anatomical cystic deformity. Due to its etiological heterogeneity, CLD can be classified based on the underlying pathophysiologic mechanisms: congenital, genetic, infectious, inflammatory, lymphoproliferative, neoplastic, and smoking-related. CLD must also be distinguished from emphysema, cavity, bulla, bleb, pneumatocele, and honeycombing, all of which feature lucencies that mimic a pulmonary cyst. Disease progression is unpredictable and understanding of the complications of cystic lung disease and their appearance during evolution of the disease are essential for management.

The main diseases in this group such as:

- Lymphangioliomyomatosis (LAM)
- Pulmonary Langerhans cell histiocytosis (PLCH)
- Folliculin gene-associated syndrome (Birt–Hogg–Dubé) (BHD syndrome)
- Lymphocytic interstitial pneumonia (LIP)/follicular bronchiolitis (FB)
- Amyloidosis
- Other rare causes of cystic lung disease, including cystic metastasis of sarcoma

Diagnosis

The combination of appearance upon imaging and clinical features, together with extrapulmonary manifestations, when present, permits confident and accurate diagnosis of the majority of these diseases without recourse to open-lung biopsy. Correlation of disease evolution and clinical context with chest imaging findings provides important clues for defining the underlying nature of cystic lung disease and guides diagnostic evaluation and management.

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	Lung Cyst excision
i.At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes

HRCT Chest (High resolution contrast CT)	Yes
Optional Pulmonary function test (PFT) Lung biopsy Serum vascular endothelial growth factor-D (VEGF-D) Skin biopsy Genetic analysis	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative or specimen Photographs (optional)	Yes
Histopathological examination	Yes
Postoperative Chest CT (Optional)	Yes
Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by 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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Clinical notes - detailed history, signs & symptoms, evaluation findings, planned line of treatment, indication for procedure?
- Did the CT Chest report \pm investigations, clinical history/findings, and clinical presentation confirm the diagnosis?

2.2.2 At the time of claim processing- For claims processing doctor (CPD):

- Are the detailed Indoor Case Papers (ICPs) with daily vitals and treatment details provided?
- Are the detailed procedure / Operative Notes available?



- c. Was the histopathological examination report submitted?
- d. Is the Discharge summary with follow-up advice at the time of discharge submitted?

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 (PPD):

- I. Was the imaging and clinical presentation indicative of surgery? Yes

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

References

1. Raoof S, Bondalapati P, Vydyula R, Ryu JH, Gupta N, Raoof S, Galvin J, Rosen MJ, Lynch D, Travis W, Mehta S, Lazzaro R, Naidich D. Cystic Lung Diseases: Algorithmic Approach. *Chest*. 2016 Oct;150(4):945-965. doi: 10.1016/j.chest.2016.04.026. Epub 2016 May 13. PMID: 27180915; PMCID: PMC7534033.
2. Park S, Lee EJ. Diagnosis and treatment of cystic lung disease. *Korean J Intern Med*. 2017;32(2):229-238. doi:10.3904/kjim.2016.242
3. Lee KC, Kang EY, Yong HS, et al. A Stepwise Diagnostic Approach to Cystic Lung Diseases for Radiologists. *Korean J Radiol*. 2019;20(9):1368-1380. doi:10.3348/kjr.2019.0057