



Guidance document for processing PM-JAY packages

Lymph node biopsy

Procedure covered: 2

Specialty: General Surgery, Pediatric Surgery, Obstetrics & Gynecology

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|--------------|-----------------|--------------|--------------|---------------------|
| Biopsy | Lymph Node | New Package | SG096A | 5,000 |
| Biopsy | Cervical (Neck) | New Package | SG096D | 1,500 |

ALOS: Daycare

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO or equivalent (Obstetrics & Gynecology); MS/DNB/Equivalent (in General Surgery); MCh/DNB/Equivalent (Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Biopsy**, 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

ii.4 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:

KINDLY CONSIDER BOOKING THE RELEVANT PACKAGE FOR RELEVANT GUIDELINES (the list of indications inclusive but not exhaustive)

Lymph Node

- Fine-needle aspiration biopsy (FNAB) is a safe and minimally invasive outpatient procedure, triaging reactive from neoplastic lymph nodes which require further management/referral, and diagnosing infectious lesions that require treatment.
- Indications for FNAB are dependent on the patient, the lymph node and on the diseases prevalent in the population.

Indications for FNAB of lymph nodes

- Confirm suspected reactive hyperplasia
- Infective
- Autoimmune (e.g. SLE)
- Drug reactions
- Diagnose a specific infection
- Viral (e.g. CMV)
- Bacterial (e.g. TB)
- Parasitic (e.g. toxoplasmosis)
- Fungal (e.g. cryptococcus)
- Diagnose a neoplastic infiltration
- Primary lymphoma (e.g. HL or NHL)
- Confirm transformation of a LG to a HG lymphoma (e.g. FL to DLBCL)
- Metastatic tumour
- Known primary
- Unknown primary

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 | Lymph Node / Cervical (Neck) |
|---|------------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes with supporting investigations | Yes |
| Clinical photograph | Yes |
| ii. At the time of claim submission | |
| Detailed indoor case papers | Yes |
| Other Investigation reports if done | Yes |
| Detailed procedure notes | Yes |
| Post-procedure photographs (optional) | Yes |
| Histopathological Examination | 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):

- a. *Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment
- b. Clinical photograph if applicable

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure Notes available?
- c. Was the clinical presentation indicative of procedure?
- d. Was Histopathological examination report submitted?
- e. Is the Discharge summary with follow-up advise at the time of discharge?

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

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 presentation, physical examination ± supporting investigations indicative of procedure? Yes

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

References:

1. Canavan TP, Cohen D. Vulvar cancer. Am Fam Physician. 2002 Oct 1;66(7):1269-74. PMID: 12387439.



2. <https://radiologykey.com/cervical-spine-biopsy/>
3. <http://cmej.org.za/index.php/cmej/article/view/2333/2189>