



## Guidance document for processing PM-JAY packages

### Pilonidal Sinus

Packages covered: 1

Specialty: General Surgery

Package name	Package name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Management of Pilonidal Sinus	Management of Pilonidal Sinus	S100042	SG033A	5,000/-

**ALOS:** 1 Day

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (Surgical Gastroenterologist)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Management of Pilonidal Sinus**, 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:**

Pilonidal sinus is a skin condition in the midline of the natal cleft. A primary pit forms in the midline, caused by a hair follicle that has become infected, into which loose hairs enter to create a track or abscess. While the natal cleft is the most common site of disease, other areas of the body such as the umbilicus and interdigital spaces can be affected.

Pilonidal sinus can present acutely as a pilonidal abscess, asymptotically as a small pit or nontender lump, or as a discharging lesion with or without pain or a lump. The two main features of the chronic sinus are:

- a midline primary pit (or more than one) at the base of the natal cleft, which is epithelial lined and usually not inflamed and may have a hair (or several hair fragments) inserted into it that can be pulled out
- a secondary opening which, if present, is usually on one side and cranial to the primary pit. It may be a scar of a previous opening. If open, it may discharge pus or blood and be lined by granulation tissue. There may be a palpable track leading from the midline pit. More than one secondary opening means the sinus track has branches.

### Clinical Manifestations

- **Patient presentation** — The patient presentation is highly variable, ranging from an asymptomatic pilonidal cavity or sinus to acute infection or chronic inflammation and drainage associated with an open wound of varying size.
- **Acute** — Symptoms of an acute exacerbation include sudden onset of mild-to-severe pain in the intergluteal region while sitting or performing activities that stretch the skin overlying the natal cleft (eg, bending, sit-ups). The patient may also report intermittent swelling as well as mucoid, purulent, and/or bloody drainage in the area. Fever and malaise are generally associated with an undrained abscess.
- **Chronic** — Patients with chronic pilonidal disease experience recurrent or persistent drainage and pain. They may identify one or more areas of drainage (sinus tracts). There have been occasional case reports of squamous cell carcinomas arising in long-standing, neglected pilonidal sinuses. Disease presenting with an unusual or aggressive appearance should be evaluated with a biopsy.

### Diagnosis

Asymptomatic pilonidal disease is diagnosed clinically based upon findings of characteristic midline pores (pits) in the natal cleft region. Acute and chronic pilonidal disease can be diagnosed by additional findings of a tender mass and one or more sinus openings draining mucoid, purulent, or bloody fluid, respectively. The diagnosis is clinical; imaging or laboratory studies are not necessary.

### Management

The management of pilonidal disease is variable and depends upon the acuity of presentation and the extent of disease.

#### Asymptomatic disease

Elimination of hair from the gluteal cleft and surrounding skin, by shaving or laser epilation, may be used for both acute and chronic pilonidal disease in the absence of abscess as a primary or adjunct treatment measure.

### **Acute abscess**

#### **- Surgical drainage**

Patients with acute pilonidal disease characterized by the presence of an abscess should be treated with Incision & Drainage regardless of whether it is a primary or recurring episode.

#### **- Supportive management**

### **Chronic of recurrent disease**

#### **- Surgical excision**

Patients who require surgery for chronic pilonidal disease may undergo excision and primary repair (with consideration for off-midline closure), excision with healing by secondary intention, or excision with marsupialization based on surgeon and patient preference. Drain use should be individualized.

#### **- Flap-based procedures**

Flap-based procedures may be performed, especially in the setting of complex and recurrent chronic pilonidal disease when other techniques have failed.

#### **➤ Techniques:**

Rhomboid (limberg) flap

Karydakis flap

Bascom's cleft-lift procedure V-Y advancement flap

Z-plasty

### **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:

<b>Mandatory document</b>	<b>Management of Pilonidal Sinus</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes including evaluation findings, indication for procedure and planned line of management	Yes
Clinical Photograph (optional)	Yes
<b>ii. At the time of claim submission</b>	

Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-operative photographs (optional)	Yes
Histopathological examination report for chronic cases	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, planned line of treatment, indication for procedure?
- Did clinical evaluation confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Post-operative photographs submitted (optional)?
- Histopathological examination for chronic cases submitted?
- Is the Discharge summary with follow-up advice at the time of discharge?

## **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):**

- Was the clinical evaluation indicative of surgery? Yes



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

#### References:

1. CLINICAL PRACTICE GUIDELINES. 2019. The American Society of Colon and Rectal Surgeons' Clinical Practice Guidelines for the Management of Pilonidal Disease.
2. Eric K Johnson. Pilonidal disease – UpToDate. Last updated: January 2020
3. <https://www.racgp.org.au/afp/2010/june/pilonidal-sinus-%E2%80%93-management-in-the-primary-care-setting/>