



Guidance document for processing PM-JAY packages

Cystic swellings in the scrotum

Procedures covered: 4

Specialty:

Epididymal Cyst / Nodule Excision (General/Pediatric Surgery)

Sebaceous cysts over scrotum (General Surgery)

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Epididymal Cyst / Nodule Excision	Epididymal Cyst excision	S100033, S100034	SG057A	4,600/-
Epididymal Cyst / Nodule Excision	Epididymal Nodule excision	S100033, S100034	SG057B	4,600/-
Excision of cyst / Sebaceous Cysts over scrotum	Single Cyst	S100019	SG054A	2,000/-
Excision of cyst / Sebaceous Cysts over scrotum	Multiple Cysts	S100019	SG054B	7,000/-

ALOS: 1-2 Days

Minimum qualification of the treating doctor:

Essential: MS/Equivalent (in General Surgery), MCh/Equivalent (in Pediatric Surgery, Genitourinary Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Epididymal Cyst / Nodule Excision/ Excision of cyst / Sebaceous Cysts over scrotum**, 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:

EPIDIDYMAL CYSTS

An epididymal cyst is a fluid-filled, thin-walled cysts found posterior to the testis, usually in the upper or lower pole of the epididymis. They are very common, usually multiple and vary in size at presentation.

	Epididymal cyst
1. Aetiology	Cystic degeneration of the appendages of epididymis— congenital
2. Site	Behind and above the testis in the region of epididymal head
3. Loculi	Multilocular
4. Contents	Crystal clear, watery
5. Transillumination	Brilliant (Chinese lantern pattern)
6. Aspiration	Results in recurrence as the cyst is multilocular
7. Excision	Excision may be necessary if the cyst is large

K Rajgopal Shenoy, Anitha Shenoy (Nileshwar), Manipal Manual of Surgery. Fourth Edition.

Clinical Manifestations

Epididymal cysts are benign and typically present as a persistent hemiscrotal swelling that is usually painless but may give a dragging sensation depending upon size.

Other symptoms of an epididymal cyst may include:

- Dull pain in the scrotum
- A feeling of heaviness in the scrotum
- Redness in the scrotum area
- Increased pressure at the bottom of the penis
- Tender or swollen epididymis
- Tender, swollen, or hardened testicles

- Pain in the groin or lower back and abdomen

Diagnosis

Epididymal cysts are often incidental findings on testicular self-examination or routine physical examination. The diagnosis can be confirmed by ultrasound.

Treatment

Most epididymal cysts and spermatoceles do not need to be treated.

1. Observation – no intervention if cyst is small
2. Aspiration (drainage) with a needle – this removes the fluid, but it will re-accumulate very quickly and is not an effective curative treatment.
3. Surgical removal – Epididymal cyst removal or excision is a procedure to remove large or painful cysts from the scrotum

SEBACEOUS CYSTS

Sebaceous cysts (epidermal cysts) are common in the scrotal skin. This occurs due to obstruction to one of the sebaceous ducts, resulting in accumulation of sebaceous material. They are usually small and multiple (Strawberry scrotum). On clinical examination, they are localized to scrotal skin and separate from the testes.

Clinical features

- They are slow-growing and appear in early adulthood or middle age
- Hemispherical or spherical swelling located in the dermis. A dark spot in the centre (punctum) filled with keratin is a diagnostic feature of this cyst. The punctum indicates blockage of the duct.
- In 20-30% of cases, instead of opening into the skin, sebaceous duct opens into the hair follicle. Hence, punctum is not seen
- It has a smooth surface, round borders, soft and putty consistency and is nontender
- The swelling is mobile over the deep structures, and the skin is free all around except an area of adherence at the site of punctum

Treatment

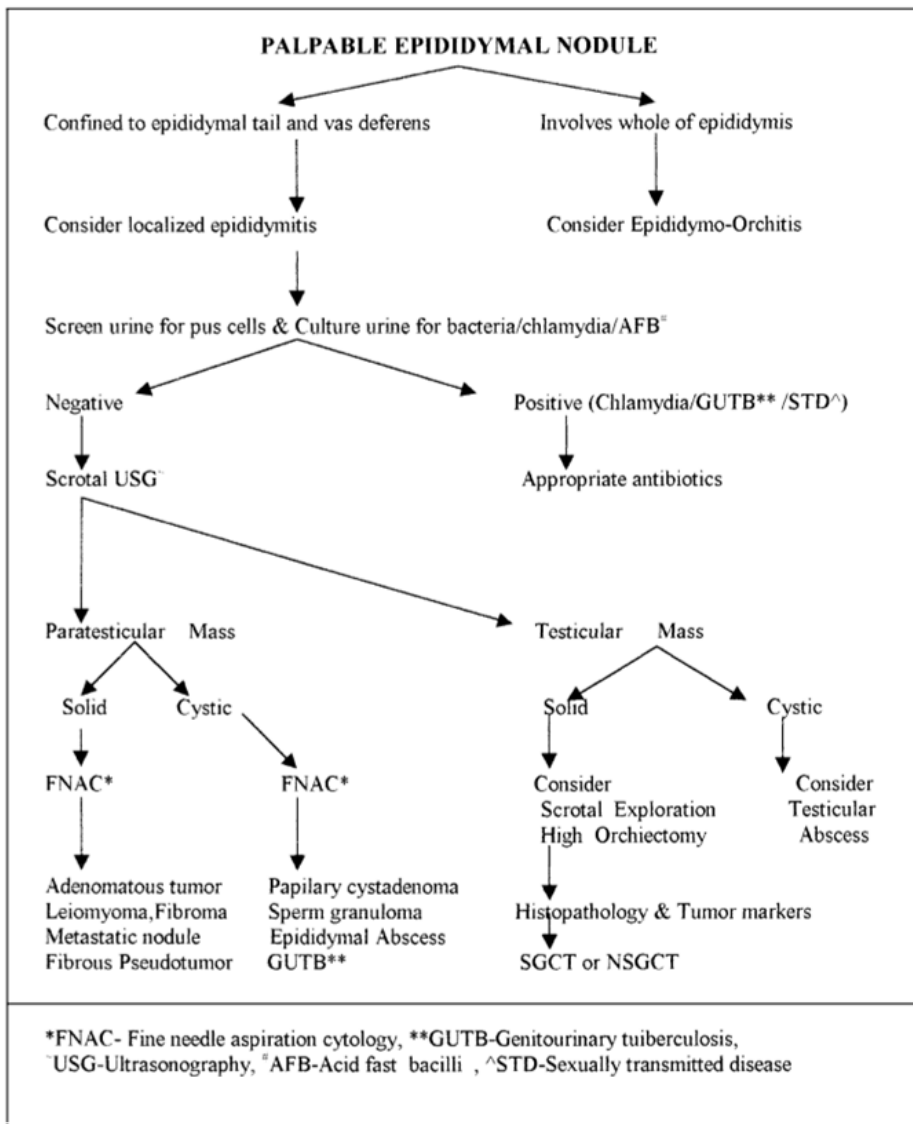
Gold standard treatment for epidermal cyst is complete excision of cyst and its contents

1. Incision and avulsion of cyst with the wall. Very often, during dissection, the cyst wall ruptures. Care should be taken to excise the entire cyst wall. If not, recurrence can occur.
2. When it is small it can be excised along with the skin.

EPIDIDYMAL NODULES

- Most of the cases are non-neoplastic lesions
- The clinical presentation of epididymal nodule varies from silent incidental discovery (asymptomatic) to multiple episodes of inguino-scrotal pain
- Fine-needle aspiration cytology (FNAC) is useful in diagnosis and guide management strategies of patients with epididymal nodules
- Most non-neoplastic lesions are managed conservatively. Symptomatic nodules are treated by surgical excision

Algorithm showing work up for an epididymal nodule and or chronic epididymitis



Singh, I., Dev, G. & Singh, N. Chronic epididymitis (epididymal nodule) mimicking an adenomatoid tumor-case report with review of literature. *Int Urol Nephrol* 34, 219–222 (2002)

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	Epididymal Cyst / Nodule Excision/ Excision of cyst / Sebaceous Cysts over scrotum
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure and planned line of management	Yes
Clinical photographs (optional)	Yes
Scrotal ultrasound (not required for sebaceous cysts)	Yes
Optional Fine Needle Aspiration Cytology (FNAC)	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-operative 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):

- Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure?



- b. Did clinical evaluation and Scrotal ultrasound/FNAC confirm the diagnosis?

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 / Operative Notes available?
- c. Post-operative photographs submitted (optional)?
- d. Histopathological examination report submitted?
- e. 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):

- I. Was the clinical evaluation/imaging/investigation indicative of surgery? Yes

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

References:

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. Norman S. Williams et al. 2013. Bailey & Love's Short practice of Surgery, 26th Edition.
3. <https://www.uhb.nhs.uk/Downloads/pdf/PiEpididymalCyst.pdf>
4. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/tre.200>
5. Singh, I., Dev, G. & Singh, N. Chronic epididymitis (epididymal nodule) mimicking an adenomatoid tumor-case report with review of literature. *Int Urol Nephrol* **34**, 219–222 (2002). <https://doi.org/10.1023/A:1023234900413>
6. Shah VB, Shet TM, Lad SK. Fine needle aspiration cytology of epididymal nodules. *J Cytol.* 2011;28(3):103-107. doi:10.4103/0970-9371.83463