



Guidance document for processing PM-JAY packages

Branchial Cysts/Sinus/ Fistula excision

Packages covered: 3

Specialty: General Surgery/ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Surgical removal of Branchial Cyst	Surgical removal of Branchial Cyst	S100014, S200079	SG068A	15,000
Thyroglossal / Branchial cyst / sinus / fistula excision	Branchial sinus excision	S200079	SL018D	15,300
Thyroglossal / Branchial cyst / sinus / fistula excision	Branchial fistula excision	S100011	SL018E	15,300

ALOS: 2-3 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery); MS/ DNB/ equivalent (ENT)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Branchial Cyst/ sinus/ fistula 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:

Branchial arch anomalies result due to persisting remnants of the branchial cleft and are usually lined by squamous epithelium and contain thick, turbid fluid full of cholesterol crystals. These anomalies may present as cyst, sinus or fistula in childhood or early adulthood. Second arch anomalies are the commonest and usually presents as a swelling or sinus in the upper neck at

the junction of the upper third and middle third of the sternomastoid muscle at its anterior border. The inner opening in case of fistulas are located in the tonsillar fossa. The cysts/ sinuses or fistulas may get frequently infected. First arch fistulas are related to parotid gland and may be related to the facial nerve in their deeper course. Third and fourth branchial arch fistulas are uncommon and are related to the thyroid gland in their course.

Presenting symptoms:

- Swelling in the neck with or without pain and frequent discharge from sinuses and fistulas.
- If large enough, the anomalies can cause asymmetry of the neck, as well as dyspnea, dysphagia and dysphonia.

Investigations- CT/MRI sinogram of the neck/ face depending on the location of the pathology is preferred.

Management

The treatment of branchial cyst is to complete surgical excision with preservation of surrounding neurovascular structures which is best undertaken when the lesion is quiescent.

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	Branchial Cyst/ Sinus/ Fistula
i. At the time of Pre-authorization	
Clinical notes with signs, symptoms, indications, planned line of management and advise for admission	Yes
Clinical Photograph	Yes
USG Neck/ Fine needle aspiration cytology (FNAC)	Yes
Optional CT/MRI	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes
Histopathological examination	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. Clinical notes - detailed history, signs & symptoms, indication & advise for procedure? Yes
- b. USG Neck/FNAC confirming the diagnosis and indication for surgery? Yes

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

- a. Are the detailed Indoor case papers (ICPs) with daily vitals and line of treatment? Yes
- b. Are the detailed procedure / Operative Notes available? Yes
- c. Is the Discharge summary with follow-up advice at the time of discharge available? Yes
- d. Was histopathological report submitted? Yes

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 picture and imaging 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. Boringi M, Bontha SC, Kaur M, Shireen A. Branchial cleft cyst - A case report with review of literature. J Orofac Sci 2014;6:125-8.