



## Guidance document for processing PM-JAY packages

### Lymphoedema

Procedures covered: 1

Specialty: General Surgery

| Package name   | Procedure name   | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|--|--|--------------|--------------|---------------------|
| Lymphatics Excision of Subcutaneous Tissues in Lymphoedema | Lymphatics Excision of Subcutaneous Tissues in Lymphoedema | S100192      | SG093A       | 10,000              |

**ALOS:** 2-3 Days

**Minimum qualification of the treating doctor:**

**Essential:** MS/ DNB/ Equivalent (General Surgery)

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

**Disclaimer:**

For monitoring and administering the claim management process of **Lymphatics Excision of Subcutaneous Tissues in Lymphoedema**, 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:**

Lymphedema is due to accumulation of lymph in the subcutaneous extra cellular extra vascular compartment resulting in enlargement of body parts.

**Common sites:**

Lower limbs, upper limbs, scrotum, penis, and breast

#### **Types of lymphoedema**

## 1. Primary lymphoedema

## 2. Secondary lymphoedema

| Comparison of primary and secondary lymphoedema |  |
|---|--|
| Primary lymphoedema                             | Secondary lymphoedema                                      |
| It is due to congenital aplasia and hypoplasia  | Filariasis is the common cause                             |
| Slowly progressive                              | Rapidly progressive  |
| It is seen in younger age group                 | Middle age group   |
| Females are more often affected                 | Males are more commonly affected                           |
| Unilateral, begins distally, spreads proximally | Sometimes, it can start proximally—unilateral or bilateral |
| Capillary haemangioma may be present            | Absent   |
| Regional lymph nodes are absent                 | Lymph nodes are grossly enlarged                           |
| Excisional operations are indicated             | Excisional operations and other types of surgery           |

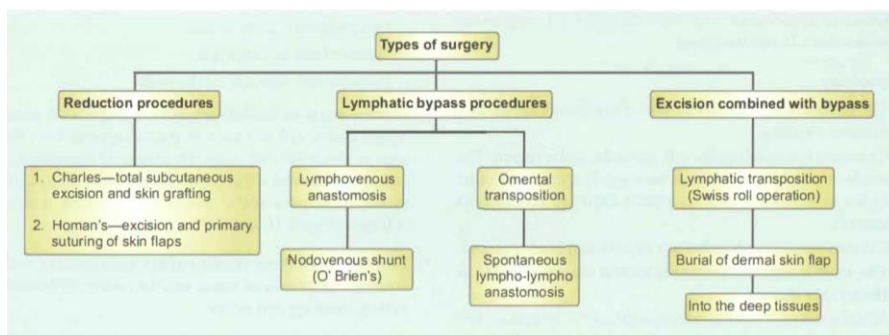
K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.

## Treatment

### Conservative

- Elastic compression bandage
- Elevation of limb
- Exercise and massaging
- Avoid skin injuries
- Antibiotics, diuretics, diethylcarbamazine, warfarin is used to treat medically

### Surgical



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

## 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>Lymphatics Excision of Subcutaneous Tissues in Lymphoedema</b> |
|---------------------------|---|

|  |     |
|--|-----|
| <b>i. At the time of Pre-authorization</b>   |     |
| Clinical notes   | Yes |
| Clinical picture   | Yes |
| <b>Optional</b><br>Lymphangiography/Lymphoscintigraphy/CT/MRI of the affected site | Yes |
| Planned line of treatment  | Yes |
| <b>ii. At the time of claim submission</b>   |     |
| Detailed Indoor case papers (ICPs)   | Yes |
| Detailed Procedure / operative notes   | Yes |
| Post-operative clinical photograph   | 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?
- Were the clinical photographs submitted?

**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?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was the histopathological examination report 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:**

- a. Was clinical presentation and diagnosis indicative of surgery? Yes

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

## References

1. Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. *Health & Family Welfare Department Government of Tamilnadu*
2. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.