



## Guidance document for processing PM-JAY packages

### Adrenalectomy

Procedures covered: 2  
Surgery

Specialty: Urology/ Pediatric

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in day)
Adrenalectomy	Open	S700001, S700003	SU001A	27,500	5
Adrenalectomy	Lap.	S700002, S700004	SU001B	27,500	4

#### Minimum qualification of the treating doctor:

**Essential:** MS/DNB or Equivalent (in Urology/ Pediatric Surgery),

**Desirable:** MCh/Equivalent (in Urology /Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** laparoscopic facility for laparoscopic procedures.

#### Disclaimer:

For monitoring and administering the claim management process of **Adrenalectomy** 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:**

Though minimally invasive techniques for adrenalectomy have been adopted in many surgical centers, there is a need to be, remain or become confident with open adrenalectomy.

Laparoscopic adrenalectomy can be performed by both the anterior or lateral trans-abdominal approach and by the lateral or posterior retro-peritoneal approach, with each method being suitable for specific indications.

### Indications:

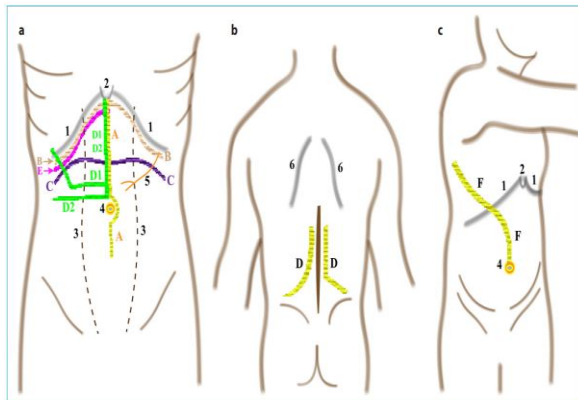
- Malignancy/Suspicion of Malignancy: Adrenal masses, Neuroblastoma (Paediatric population), Large myelolipoma, Adrenocortical carcinoma. In rare conditions- Cushing's syndrome, Conn syndrome etc.
- Tumor diameter:
  - >6 cm ACC with no local invasion
  - > 6cm pheochromocytoma
  - >12 cm adrenal mass

### Management:

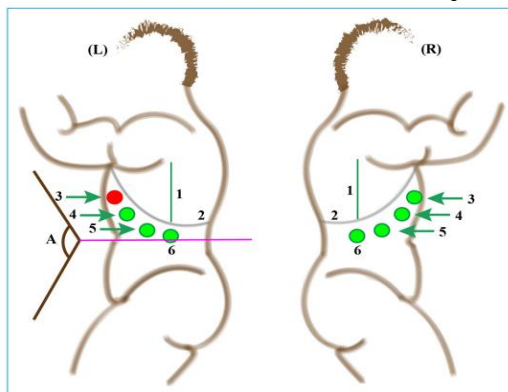
- **Open:** Patients with suspected or large adrenocortical tumors (>6–8 cm), or patients in whom laparoscopic surgery is contraindicated.
- **Laparoscopic:** Recommended in hormonally active tumors (aldosteronoma, pheochromocytomas, and cortisol-producing adrenal tumors).

#### Open Adrenalectomy a: Transperitoneal

#### b: Retroperitoneal c: Thoracoabdominal approaches



Mehmet Uludağ et.al. 2020



### Types of adrenalectomy

Open adrenalectomy		
Laparoscopic	Transperitoneal	Anterior
		Toracoabdominal
	Retroperitoneal	
	Lateral	
	Posterior	
Conventional		
	Transperitoneal	
		Lateral
		Anterior
	Retroperitoneal	
		Lateral
Single port		Posterior
	Lateral transperitoneal	
	Posterior transperitoneal	
Robotic		
	Transperitoneal	
		Lateral
	Retroperitoneal	
		Posterior
		Lateral

## Laparoscopic Transabdominal Lateral Adrenalectomy

### 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	Adrenalectomy Open & Lap.
<b>i. At the time of Pre-authorization</b>	
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
b. CT/MRI/FNAC/Biopsy/ MIBG (iodine meta-iodobenzylguanidine) scan/ DOTONOC report	Yes
c. Sr. Cortisol, Sr. electrolytes, 24 Hr. Urinary catecholamine level/Sr. Urinary metanephrine normetanephrine	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operation notes	Yes
c. Histopathology report (Optional)	Yes
d. Post Procedure clinical photograph	Yes
e. Detailed discharge summary	Yes

## PART II: GUIDELINES FOR PROCESSING TEAM

### 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:**

- Was the clinical notes and CT/MRI/MIBG scan/DOTONOC scan report indicative of surgery?

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

### References:

- Mihai, Radu. "Open adrenalectomy." Gland Surgery 8. Suppl 1 (2019): S28.

2. Lal, Geeta, and Quan-Yang Duh. "Laparoscopic adrenalectomy—indications and technique." *Surgical Oncology* 12.2 (2003): 105-123.
3. Prager G, Heinz-Peer G, Passler C, Kaczirek K, Schindl M, Scheuba C, et al. Surgical strategy in adrenal masses. *Eur J Radiol*. 2002 Jan. 41 (1):70-7
4. Jossart GH, Burpee SE, Gagner M. Surgery of the adrenal glands. *Endocrinol Metab Clin North Am*. 2000 Mar. 29 (1):57-68, viii.
5. Ranvier GG, Inabnet WB 3rd. Surgical management of adrenocortical carcinoma. *Endocrinol Metab Clin North Am*. 2015 Jun. 44 (2):435-52.
6. Wu K, Liu Z, Liang J, Tang Y, Zou Z, Zhou C, et al. Laparoscopic versus open adrenalectomy for localized (stage 1/2) adrenocortical carcinoma: Experience at a single, high-volume center. *Surgery*. 2018 Dec. 164 (6):1325-1329.
7. Uludağ, Mehmet, Nurcihan Aygün, and Adnan İşgör. "Surgical Indications and Techniques for Adrenalectomy." *Şişli Etfal Hastanesi tıp Bülteni* 54.1 (2020): 8.