



Guidance document for processing PM-JAY packages

Ilio-Inguinal lymphadenectomy

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Ilio-Inguinal lymphadenectomy	Ilio-Inguinal lymphadenectomy	S700135, S700136, S700137, S700138	SU091A	18,500

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology)

Desirable: MCh/Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: Care at tertiary care hospital

Disclaimer:

For monitoring and administering the claim management process of **Ilio-Inguinal lymphadenectomy**, 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:

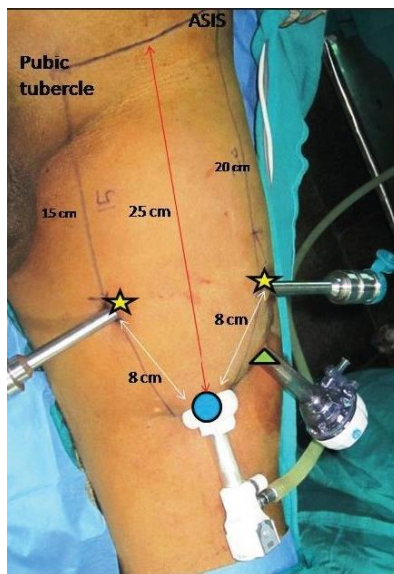
Ilio-Inguinal lymphadenectomy is most performed surgical procedure for several malignant conditions of male and female genitalia, and the skin.

Indications: Carcinoma of the penis, Carcinoma of Urethra, scrotum, and testis with scrotal invasion.

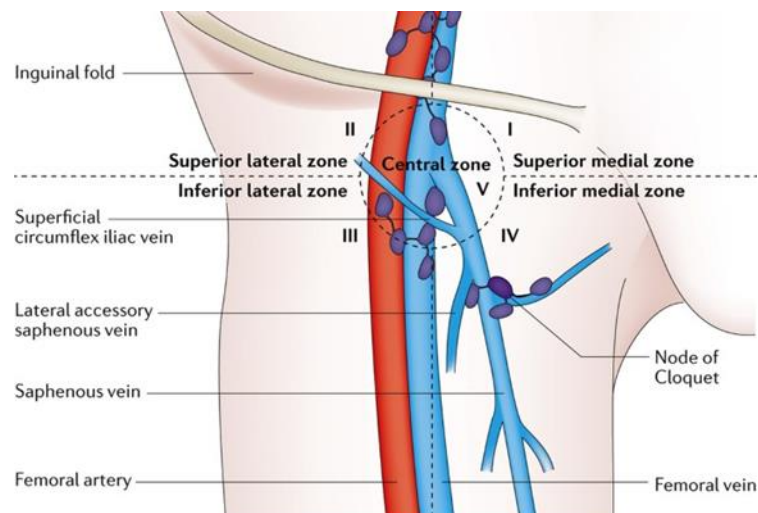
Diagnosis: Non-invasive (USG/CT/MRI/FDG-PET) Ultrasound (USG) combined with fine-needle aspiration cytology (FNAC)

Management: involves clearing the superficial and deep inguinal nodal basins. Both **open inguinal lymphadenectomy** (OIL) and **Minimally invasive techniques:** laparoscopically assisted ilio-inguinal lymphadenectomy (LIIL) or Video endoscopic inguinal lymphadenectomy (VEIL) are in practice.

- **Lymph node metastasis** is the most important prognostic indicator for survival in squamous cell carcinoma of the penis. lymphadenectomy in penile cancer offers a chance for cure in low nodal burden disease in contrast to other urological malignancies such as bladder cancer or renal cell carcinoma where lymph node involvement leads poor prognosis.
- **Open inguinal lymphadenectomy** is the gold standard treatment of metastatic inguinal lymph nodes.
- Radical Inguinal Lymphadenectomy, Superficial Inguinal Lymph node Dissection (SILD), Modified inguinal lymphadenectomy, Dynamic sentinel node biopsy
- Patients with low-stage nodal metastasis can achieve durable survival with surgery alone.



PM Dogra et.al. 2011



Nature Reviews | Urology
A Leone et.al. 2017

Endoscopic inguinal lymphadenectomy

Inguinal lymph node

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	Ilio-inguinal lymphadenectomy
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment	Yes
b. USG/CT/MRI / FNAC/Biopsy report confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Histopathology report	Yes
d. 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:

Mandatory document	Ilio-inguinal lymphadenectomy
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes including history, symptoms, signs, vitals, examination findings, planned line of treatment and advice for admission submitted?	Yes
b. Did the USG/CT/MRI report confirm the diagnosis?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are detailed Indoor case papers submitted?	Yes
b. Are the detailed procedure / Operative Notes submitted?	Yes
c. Was the histopathological report submitted?	Yes
d. Is the Discharge summary with follow-up advise at the time of discharge?	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:

- I. Was the Clinical notes and USG/CT/MRI report submitted are suggestive for the surgery? Yes

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

References:

1. Ray, Mukur Dipi, et al. "Modified skin bridge technique for ilio-inguinal lymph node dissection: A forgotten technique revisited." World Journal of Methodology 6.3 (2016): 187.
2. Crawford, E. D., and F. I. R. O. U. Z. Daneshgari. "Management of regional lymphatic drainage in carcinoma of the penis." The Urologic clinics of North America 19.2 (1992): 305.
3. Dogra, P. N., Ashish Kumar Saini, and Prabhjot Singh. "Robotic-assisted inguinal lymph node dissection: a preliminary report." Indian journal of urology: IJU: journal of the Urological Society of India 27.3 (2011): 424.
4. Leone, Andrew, et al. "Contemporary management of patients with penile cancer and lymph node metastasis." Nature Reviews Urology 14.6 (2017): 335-347.
5. Niyogi, Devayani, et al. "Management of clinically node-negative groin in patients with penile cancer." Indian Journal of Urology: IJU: Journal of the Urological Society of India 36.1 (2020): 8.