



Guidance document for processing PM-JAY packages

Vulvo vaginal Cyst

Procedures covered: 2

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Vulvo vaginal cyst enucleation / drainage	Vulvo vaginal Cyst Enucleation	S400019, S400063, S400064	SO059A	4,700	1 day
Vulvo vaginal cyst enucleation / drainage	Vulvo vaginal Cyst Drainage	S400019	SO059B	4,700	1 day

Minimum qualification of the treating doctor:

Essential: MBBS with relevant experience and training

Desirable: MS/MD/DNB/DGO/Equivalent (in Obstetrics & Gynecology)

Special empanelment criteria/linkage to empanelment module: Facilities with well-equipped operation theatre with Anesthetist and Anesthesia facility

Disclaimer:

For monitoring and administering the claim management process of **Vulvo vaginal Cyst Enucleation / Drainage** for 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:

Clinical and histologic overlap with cysts found in the vulva and vagina, with common vulvar cysts including Bartholin's gland cysts, epidermal inclusion cysts, and mucous cysts of the vulva.



Common presenting manifestation

- Swelling in vulval area:
 - with or without pain
 - with or without vaginal discharge
- Dyspareunia
- Urinary symptoms
- Fever
- Past history of medical and/or surgical management of above symptoms

Management

- Conservative management
- Marsupialization
- Enucleation

Indications for Vulvo vaginal cyst drainage:

1. Infected large cysts
2. First episode of an acute abscess
3. Provide immediate relief prior to scheduling an enucleation procedure

Indications for Vulvo vaginal cyst enucleation:

1. Large cysts causing dyspareunia and discomfort
2. Recurrence of abscess formation in cyst despite drainage procedure

Contraindication for enucleation procedure:

- This should not be performed if there is active infection

Bartholin duct's cyst

- Cysts that arise in the area of the Bartholin gland are primarily the result of dilation of Bartholin's duct secondary to obstruction, either from infection or the highly viscous mucoid secretion. The cysts typically range from 1 to 4 cm in diameter. The majority are unilateral, nontender cystic masses located in the lateral introitus.
- Although the majority of patients are asymptomatic or have mild dyspareunia, repeated sexual stimulation can cause rapid enlargement and painful lesions.
- From a clinical standpoint, painful lesions lead to surgical management with marsupialization representing the treatment of choice. Recurrence or cysts with marked inflammation or abscess formation may be treated with excision.

Mucous cyst of the vulva

Mucous cysts of the vulva are found within the vestibule and likely develop from occlusion of the minor vestibular glands. These cysts are believed to arise from the urogenital sinus as opposed to having a mullerian origin.

Epidermal inclusion cysts

Squamous inclusion cysts of the vagina are the most common type of non-embryological cyst. These cysts vary in size from a few millimeters to several centimeters and the great majority are asymptomatic.

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	Vulvo vaginal Cyst Enucleation	Vulvo vaginal Cyst Drainage
i. At the time of Pre-authorization		
Detailed clinical notes with history, symptoms, signs, examination findings, indication for procedure and advice for admission	Yes	Yes
Complete blood count (CBC), Complete urine examination (CUE)	Yes	Yes
Optional <ul style="list-style-type: none"> • If cyst was aspirated earlier, fluid for: <ul style="list-style-type: none"> ➤ culture & sensitivity, ➤ Gram staining • MRI (in case of huge cyst to assess the extent) • Blood glucose • USG of the affected part • C-reactive protein (CRP) 	Yes	Yes
Planned line of treatment	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor Case Papers (ICPs)	Yes	Yes
Detailed operative/ procedure notes	Yes	Yes
Investigation report (if required)	Yes	Yes
Histopathological examination report	Yes	No
Culture & sensitivity report of aspirated fluid	No	Yes
Detailed Discharge Summary	Yes	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. *Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- b. Did clinical examination \pm imaging 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. Was the clinical examination indicative of procedure?
- d. Was Histopathology report for enucleated tissue / Culture & sensitivity report of aspirated fluid submitted?
- e. Is the Discharge summary with follow-up advise at the time of discharge?

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:

- I. Did the patient present with fever, foul smelling / pus discharge from the cyst (for Drainage)? Yes/Not applicable
- II. Did the patient present with fever (no pus discharge) with fluctuant tense tender swelling (for Drainage)? Yes/Not applicable
- III. Did the patient present with on and off fever along with chronic swelling with some discomfort (for Enucleation)? Yes

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



References:

1. Padubidri, V., Daftary, S., (2015). Diseases of the Vulva; Diseases of the Vagina. Shaw's Textbook of Gynecology (372, 377; 388).
2. Lopez, A., Spirtos, N., Hilton, P., Monaghan, J., (2018). Operations on the Vulva; Operations on the Vagina. Bonney's Gynecological Surgery (64 – 66; 71 – 72).
3. Handa, V., Van Le, L., (2020). Surgery for Benign Vulvar Conditions. Te Linde's Operative Gynecology, (448 – 456).
4. Berek, J., (2020). Paediatric & Adolescent Gynecology. Berek & Novak's Gynaecology, (425).
5. Anderson, S. R. (2017). Benign vulvovaginal cysts. Diagnostic Histopathology, 23(1), 14–18. doi:10.1016/j.mpdhp.2016.11.003