



Guidance document for processing PM-JAY packages

Hydatid cyst

Procedure covered: 1

Specialty: CTVS, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lung surgery including Thoracotomy	Hydatid cyst	S100079	SV023C	45,000/-

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (in CTVS, Pediatric Surgery, Thoracic Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Hydatid cyst**, 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:

- Hydatid disease involves the lungs (20-30%) by various mechanisms
- The right lung is more commonly involved than the left
- Cysts in the lungs are usually solitary and mostly unilateral
- Lower lobe of the lungs is the most common site of pulmonary involvement, and there is a predilection for the posterior segments and the right lung

Clinical Manifestations:

- A lung hydatid cyst most commonly produces symptoms of cough followed by chest pain, breathlessness, expectoration, fever, hemoptysis, and anaphylactic phenomena
- Uncomplicated small, peripherally located cysts often remain asymptomatic and are discovered incidentally on chest radiography
- Usually, cysts greater than 5 cm in diameter leads to bronchial compression
- Cyst rupture may lead to sudden onset of chest pain, hemoptysis, cough, and fever or rarely a salty taste in the mouth

Management:

Lung Hydatid cysts may be treated pharmacologically and/or surgery. Surgery is the gold standard treatment of choice of any size.

The following surgical techniques are done:

- Enucleation (Ugon method)
- Pericystectomy (Perez Fontana method)
- Cystotomy with capitonage (Barrett's method)
- Cystostomy with closure of the bronchial openings and capitonage (Posadas method)
- Cystostomy with the closure of the bronchial openings alone
- Open aspiration by Figuera technique
- Segmental resection
- Lobectomy
- Thoracotomy

Enucleation is the commonest technique employed, followed by segmental resection or lobectomy. Preoperative initiation of Albendazole therapy, followed in post-operative period, is recommended.

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	Hydatid Cyst
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
CT/MRI Chest	Yes

ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative or specimen Photographs (optional)	Yes
Histopathological examination	Yes
Postoperative Chest X-ray or CT	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, evaluation findings, planned line of treatment, indication for procedure?
- Did CT/MRI Chest report confirm the diagnosis?

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?
- Was the histopathological examination report submitted?
- Was the post-operative X-ray/CT Chest report submitted?
- Is the Discharge summary with follow-up advice at the time of discharge?

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 imaging indicative of surgery? Yes
- II. Did the CT/MRI Chest report confirm the diagnosis? Yes

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

References

1. Rawat S, Kumar R, Raja J, Singh RS, Thingnam SK. Pulmonary hydatid cyst: Review of literature. *J Family Med Prim Care* 2019;8:2774-8.
2. Brunetti E, Kern P, Vuitton DA; Writing Panel for the WHO-IWGE. Expert consensus for the diagnosis and treatment of cystic and alveolar echinococcosis in humans. *Acta Trop.* 2010;114(1):1-16. doi:10.1016/j.actatropica.2009.11.001
3. Sarkar M, Pathania R, Jhobta A, Thakur BR, Chopra R. Cystic pulmonary hydatidosis. *Lung India.* 2016;33(2):179-191. doi:10.4103/0970-2113.177449