



Guidance document for processing PM-JAY packages

Mammary duct fistula - Total duct excision

Procedure covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Excision Mammary Fistula	Excision Mammary Fistula	S100040	SG076A	14,500

ALOS: 1-2 Days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Excision Mammary Fistula**, 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:

Mammary fistula is an abnormal communication of the mammary ducts with the skin, being included in the group of chronic breast suppurations, a pathology characterized by numerous recurrences, apparently without cause, which raises problems for both the patient and the surgeon.

Subareolar abscess resulting from duct ectasia and periductal mastitis are the major predisposing factors.



Recurring subareolar abscess also known as Zuska's disease, is a bacterial infection of the breast where the abscess burst open through the periareolar skin leading to formation of a fistula from the duct of the affected nipple to the subareolar tissue.

Presenting symptoms:

- Nipple discharge
- Rubefaction
- Mass
- Abscess
- Skin ulceration
- Inverted nipple
- Recurrent inflammation – redness, heat, pain, edema

Management:

- Conservative treatment
- Surgical treatment
 - Fistulectomy and packing
 - Fistulectomy and primary closure
 - Excision and Biopsy
 - Radical duct excision

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	Excision Mammary Fistula
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Ultrasound of the affected site	Yes

Optional Fistulogram Mammography	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	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?
- Did Ultrasound 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 histopathology examination 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 clinical evaluation and imaging indicative of surgery? Yes

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

References:

1. Ionut-Eduard, I., Octavian, U., Dan, C., Razvan, P., Sabina, N., Mirela, G., Liliana, S., Nicoleta, L., Gabriela, B., & Maria, T. (2019). Mammary Fistula - From Concept to Reality, *ARS Medica Tomitana*, 25(2), 87-94. doi: <https://doi.org/10.2478/arism-2019-0019>
2. Almasad JK. Mammary duct fistulae: classification and management. *ANZ J Surg.* 2006;76(3):149-152. doi:10.1111/j.1445-2197.2006.03611.x
3. Laila Shirin. "Mammary Fistula: Treatment and Outcome". *EC Gynaecology* 7.1 (2018): 21-31.