



## Guidance document for processing PM-JAY packages

### Mesenteric Cyst

Packages covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Mesenteric Cyst – Excision	Mesenteric Cyst – Excision	S100099	SG048A	15,000

**ALOS:** 5-7 Days

**Minimum qualification of the treating doctor:**

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

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Mesenteric Cyst – Excision**, 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. 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:

Cysts of the mesentery are benign lesions. Typically, the cyst is located in the umbilical region which moves at right angles to the direction of mesentery. These are congenital cysts, enterogenous or chylolymphatic.

#### **MESENTERIC CYST-TYPES**

- Chylolymphatic cyst
- Enterogenous cyst
- Urogenital remnant

- Teratomatous dermoid cyst

#### Mesenteric cysts: clinical features

- Cysts occur most commonly in adults with a mean age of 45 years
- Twice as common in women as in men
- Rare – incidence around 1 per 140 000
- Approximately one-third of cases occur in children younger than 15 years
- The mean age of children affected is 4.9 years
- The most common presentation is of a painless abdominal swelling with characteristic physical signs
  - there is a fluctuant swelling near the umbilicus
  - the swelling moves freely in a plane at right angles to the attachment of the mesentery (Tillaux's sign)
  - there is a zone of resonance around the cyst
- Other presentations are with recurrent attacks of abdominal pain with or without vomiting (pain resulting from recurring temporary impaction of a food bolus in a segment of bowel narrowed by the cyst or possibly from torsion of the mesentery) and acute abdominal catastrophe, due to
  - torsion of that portion of the mesentery containing the cyst
  - rupture of the cyst, often as a result of a comparatively trivial accident
  - haemorrhage into the cyst
  - infection

### Management

The goal of surgical therapy is complete excision of the mass. When symptomatic, simple mesenteric cysts are surgically excised either openly or laparoscopically.

- Enucleation
- Bowel resection
- partial excision with marsupialization (if enucleation and resection is not possible)

**A. Chylolymphatic cyst** is a lymphatic cyst arising from mesentery of ileum. It is a thin-walled cyst with clear fluid or chyle. It has a separate blood supply. Hence, enucleation is the treatment without sacrificing the bowel.

**B. Enterogenous cyst** is a duplication cyst from the intestine or due to diverticulum of the mesenteric border of the intestine. It is thick walled and contains mucus. This cyst is treated by excision of cyst with bowel segment because both share the same blood supply.

### 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	Mesenteric Cyst – Excision
i. At the time of Pre-authorization	

Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
USG/CT/MRI Abdomen	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Histopathology 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 USG/CT/MRI Abdomen 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 the imaging indicative of surgery? Yes

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

**References:**

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. Norman S. Williams et al. 2013. Bailey & Love`s Short practice of Surgery, 26<sup>th</sup> Edition.
3. F. Charles Brunicardi. 2015. Schwartz`s principles of surgery, 10<sup>th</sup> Edition