



Guidance Document for Processing PM-JAY Packages

MOLE EXCISION

Package Covered: 01
Speciality: General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.0	Procedure Code HBP 2022	Package Price
Mole Excision	Mole Excision	New Package	New Package	SG113A	NRP: Rs. 2000/- Tier 3: Rs. 2000/- Tier 2: Rs. 2400/- Tier 1: Rs. 2500/-

Average Length of Stay (ALOS): Daycare

Minimum Qualification of the treating/operating doctor:
Essential: MS/DNB/Equivalent (General Surgery)

Special Empanelment Criteria / Linkages to Empanelment Module: None

Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Mole Excision**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

PART I: Guidelines for Clinicians and Healthcare Providers

1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

1.2 Clinical Key Pointers:

Although the term mole may cover a variety of skin growths, it most often refers to a localised accumulation of melanocytes. These are generally uniform in colour and are about 1 cm in size. Sometimes, moles are also known as benign neoplasms. Melanocytic nevi (moles) range in colour from beige to black and are often located on sun-exposed skin. These are benign lesions but can be confused with various pigmented skin cancers. Pigmented lesions that itch, bleed, or grow could be a cause for concern.

Moles excised due to aesthetic/cosmetic indications will not be covered under the AB PM-JAY scheme. Only excision of a mole, when it is an atypical/precancerous lesion, will be covered under PM-KAY.

As detailed below, the warning signs of the mole being atypical can be easily remembered by the A-B-C-D-E rule.



- A – Asymmetrical: Does the mole have an irregular shape with two parts that look very different?
- B – Border: Is the border irregular or jagged?
- C – Colour: Is the colour uneven?
- D – Diameter: Is the mole larger than 6mm?
- E – Evolving: Has the mole changed during the past few weeks or months?

1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

I. For Pre-Authorisation:

- Clinical Notes with history and examination and planned line of treatment
- Clinical Photograph
- Pre-procedure HPE Report (Optional)

II. For Claims Submission:

- Detailed Indoor Case Papers (ICPs)
- Detailed Operative/Procedure Notes
- Post Operative Clinical Photograph
- Post Procedure HPE Report
- Detailed Discharge Summary

PART II: Guidelines for Processing Team

2.1 Objective:

To guide the Pre-Authorisation and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by the 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.

I. At the time of Pre-Authorisation processing – For PPD

- Clinical notes with detailed history, signs and symptoms, clinical examination, planned line of treatment, and indications for the procedure?
- Clinical Photograph confirming the diagnosis?

II. At the time of Claim Processing – For CPD

- Are the detailed ICPs with daily vitals and treatment details available?
- Are the detailed Operative/Procedure notes available?
- Is the discharge summary with follow-up advice available at the time of discharge?
- Postoperative photographs submitted?
- Post-procedure HPE report submitted?

PART III: Guidelines for IT

3.1 Objective:

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in case of Mole Excision:

a. At Pre-Authorisation (PPD):

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Was the indication for the procedure cosmetic/aesthetic? No.
- iii. Whether the clinical photograph confirms the diagnosis? Yes.

b. At Claim Submission (CPD):

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.
- iii. Was the Histopathology Examination report submitted? Yes

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

References:

1. Wensley KE, Zito PM. Atypical Mole. [Updated 2022 May 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560606/>
2. Common Moles, Dysplastic Nevi, and Risk of Melanoma, published by the National Cancer Institute. [Internet] Available at: <https://www.cancer.gov/types/skin/moles-fact-sheet> Apr 2018. Accessed on 07-06-2022