



Guidance Document for Processing PM-JAY Packages

NEUROFIBROMA EXCISION UNDER LA

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
Neurofibroma Excision under LA	Neurofibroma Excision under LA	New Package	New Package	SG114A	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 **Neurofibroma Excision under LA**. 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:

Neurofibromas are the most common peripheral nerve sheath tumour. They consist of an overgrowth of nerve tissue along with blood vessels, other types of cells and fibres. Neurofibromas can grow on nerves in the skin (cutaneous neurofibroma), under the skin (subcutaneous neurofibroma) or deeper in the body, including in the abdomen, chest, and spine. These appear as soft, skin-coloured papules or subcutaneous nodules.

Macroscopically, Neurofibromas are often an unencapsulated, well-circumscribed, grey tan firm mass. The plexiform type is often large, with multiple tortuous nerve fascicles. Microscopically, features include loose and haphazard spindle cells with poorly defined cell borders, myxoid to pale pink collagenous matrix background, low to moderate cellularity and mast cells commonly found within the lesion.

Neurofibromas found along the nerves, such as in the neck, axilla or arm, should be evaluated for main nerve involvement before excision since it can cause significant motor and/or sensory loss.

There are three main types of Neurofibromas.

- **Localised**
 - Well circumscribed lesion in the dermis or subcutaneous tissue
 - Dermis lesions typically unencapsulated with Grenz zone of uninvolved dermis between lesion and epidermis
 - Subcutaneous lesions often have a true capsule
- **Diffuse**
 - Poorly defined, expansile proliferation around adnexal structures, extending into the subcutaneous tissue and infiltrating adipose
 - May entrap nerves or be intraneural
 - Characteristic pseudomeissnerian corpuscles, comprised of fibrillary and whorled Schwann cells
- **Plexiform**
 - Multiple intertwined hypertrophic nerve fascicles
 - Serpentine pattern with multiple nodules
 - May have predominantly myxoid or edematous background with thick collagen fibers
 - May have atypia (nuclear enlargement, hyperchromasia) related to degenerative change

The majority of neurofibromas are sporadically occurring and localised and have an extremely low risk of malignant transformation. However, the plexiform type is pathognomic for Neurofibromatosis Type 1 and carries an increased risk of malignant transformation.

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:

- a. Clinical Notes with history and examination and planned line of treatment
- b. Clinical Photograph
- c. Pre-procedure HPE Report

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Post Operative Clinical Photograph (Optional)
- d. Post Procedure HPE Report
- e. 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

- i. Clinical notes with detailed history, signs and symptoms, clinical examination, planned line of treatment, and indications for the procedure?
- ii. Clinical Photograph confirming the diagnosis?
- iii. Whether pre-procedure histopathology report submitted?

II. At the time of Claim Processing – For CPD

- i. Are the detailed ICPs with daily vitals and treatment details available?
- ii. Are the detailed Operative/Procedure notes available?
- iii. Is the discharge summary with follow-up advice available at the time of discharge?
- iv. 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 Neurofibroma Excision under LA:

1. At Pre-Authorisation (PPD):

- a. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- b. Was the indication for the procedure cosmetic/aesthetic? No.

2. At Claim Submission (CPD):

- a. Whether the clinical photograph confirms the diagnosis? Yes.
- b. 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. Chamseddin BH, Hernandez L, Solorzano D, Vega J, Le LQ. Robust surgical approach for cutaneous neurofibroma in neurofibromatosis type 1. JCI Insight. 2019;5(11): e128881. Published 2019 Apr 30. doi: 10.1172/jci.insight.128881
2. Le C, Bedocs PM. Neurofibromatosis. [Updated 2022 Apr 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459329/>