



## Guidance document for processing PM-JAY packages

### Retroperitoneal Lymphangioma

Procedure covered: 1

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Retro - Peritoneal Lymphangioma Excision	Retro - Peritoneal Lymphangioma Excision	S1400030	SS016A	25,000/-

**ALOS:** 3-5 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/ equivalent (in Pediatric Surgery)

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

#### Disclaimer:

For monitoring and administering the claim management process of **Retroperitoneal Lymphangioma 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**

#### **1.1 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:**

Lymphangiomas are relatively- rare and benign lesions believed to be congenital malformations of the lymphatic anlage rather than true tumors. Retroperitoneal lymphangiomas are also relatively rare and account for 1% to 10% of all lymphangiomas. Most retroperitoneal lymphangiomas typically occur in children under 2 years old; however, in some cases, these lesions can be found after a long asymptomatic period due to slow development. Three histological types of lymphangiomas are described: cystic, capillary and cavernous. Retroperitoneal lymphangioma is commonly of cystic type. Most cystic lymphangiomas in the

body are present in the first 2 years of life, however lymphangiomas of the retroperitoneum are usually diagnosed in older children or adults.

Presenting symptoms (due to their size):

- palpable abdominal mass
- Abdominal pain
- Fever
- Fatigue
- Vomiting
- Weight loss
- Hematuria
- Recurrent urinary infections
- Retroperitoneal cystic lymphangiomas can present as a soft, slowly growing and painless mass

The mass may be an incidental finding during the evaluation of an unrelated complaint and occasionally might be complicated by intra-cystic hemorrhage, cyst rupture, volvulus or infection.

#### Diagnosis:

A definitive diagnosis of cystic lymphangioma is typically achieved by histological examination subsequent to surgery or exploratory laparotomy

#### Procedure:

The optimum treatment of cystic lymphangioma is complete resection.

#### 1.4 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	Retroperitoneal Lymphangioma
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Photograph	Yes
USG/CT/MRI Abdomen	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

Histopathological examination report	Yes
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## **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, indication for procedure?
- Clinical Photograph is available?
- USG/CT/MRI Abdomen (show insinuating nature crossing multiple compartments)

**2.2.2 At the time of claim processing- For claims processing doctor (CPD)**

- Are the detailed ICPs with daily vitals and line of treatment?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advice at the time of discharge available?
- Histopathological examination report submitted?

## **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:**

- Did the histopathological report confirm the diagnosis of retroperitoneal lymphangioma? Yes

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

## **References:**

- Wilson SR, Bohrer S, Losada R, Price AP. Retroperitoneal lymphangioma: an unusual location and presentation. *J Pediatr Surg.* 2006;41(3):603-605. doi:10.1016/j.jpedsurg.2005.11.057
- Gümüştas OG, Sanal M, Güner O, Tümay V. Retroperitoneal cystic lymphangioma: a diagnostic and surgical challenge. *Case Rep Pediatr.* 2013;2013:292053. doi:10.1155/2013/292053



3. Olivieri C, Nanni L, De Gaetano AM, et al. Complete Resolution of Retroperitoneal Lymphangioma with a Single Trial of OK-432 in an Infant. *Pediatr Neonatol.* 2016;57(3):240-243. doi:10.1016/j.pedneo.2013.06.011
4. Kumar N, Yadav P, Ansari MS, et al. Surgical management of giant retroperitoneal lymphangioma in a childBMJ Case Reports CP 2020;13:e234447.