

Guidance document for processing PM-JAY packages

Sacrococcygeal teratoma

Procedure covered: 1

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Surgery for Sacrococcygeal Teratoma	Surgery for Sacrococcygeal Teratoma	S1400004	SS017A	20,000/-

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

Essential: MCh or equivalent (in Pediatric Surgery); Referral to Oncologist (if required)

Special empanelment criteria/linkage to empanelment module: Care at a Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Surgery of Sacrococcygeal teratoma**, 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:

Sacrococcygeal teratoma (SCT) is the most common germ cell tumor in infancy and early childhood. SCTs are generally benign tumors. However, malignant elements can be present, and their frequency increases with the postnatal age of the patient.

Clinical presentations (could be any):

- Mass extending off the caudal end of the fetus in utero



- External sacral mass present at birth when a large tumor is detected protruding from the sacral region (could be asymptomatic or present with signs of obstruction of the rectum or bladder)
- Concomitant mass palpable per abdomen

Associated symptoms:

- Weakness, pain or paralysis
- Urinary dribbling
- Constipation
- Abdominal pain
- Symptoms associated to Hydrops fetalis
- mucin discharge from a sinus hidden within the anal corrugations

Sacroccygeal teratomas are classified according to the American Academy of Pediatrics Surgical Section:

- Type I – the tumor is predominantly external with a very minimal internal component. Type I is rarely associated with malignancy.
- Type II – the tumor is predominantly external but has some internal extension into the presacral space.
- Type III – the tumor is visible externally but is predominantly located in the pelvic area with some extension into the abdomen.
- Type IV – the tumor is not visible externally and is located in the presacral space. Type IV has the highest rate of malignancy.

Procedures:

- In most cases, surgical resection is undertaken postnatally
- Resection always involves resection of the tumor along with the coccyx
- Surgical excision could be of local (inverted V-shaped or Chevron or posterior sagittal incision) or abdominosacral approach
 - Abdominosacral approach for lesions palpated per abdomen
 - Sacral route with posterior sagittal incision for tumors with size <5 cm and located more in the midline.
 - Sacral route with inverted V-shaped or Chevron incision for larger or eccentrically located masses

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	Sacroccocygeal teratoma
i. At the time of Pre-authorization	
Clinical notes	Yes
CT/MRI of the primary site	Yes
Serum levels of alpha-fetoprotein (AFP) and beta human chorionic gonadotropin (beta-hCG)	Yes
Clinical photograph	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed operative notes	Yes
Detailed discharge summary	Yes
MRI of the primary site	Yes
Post procedure clinical photograph	Yes
Histopathology examination report	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, indication for procedure?
- CT/MRI of the primary site?
- Serum levels of alpha-fetoprotein (AFP) and beta human chorionic gonadotropin (beta-hCG)?
- Is Clinical photograph available?

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 advise at the time of discharge available?
- Post-operative clinical Photograph?

- e. Was the CT/MRI report (grading the Sacrococcygeal teratoma) 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:

- I. Did the patient present with external sacral mass or intraabdominal palpable mass? Yes
- II. Were any of these tests done – CT/MRI of the primary site/ Serum levels of alpha-fetoprotein (AFP) and beta human chorionic gonadotropin (beta-hCG) confirm sacrococcygeal teratoma? Yes
- III. Was the histopathological report submitted? Yes

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

References

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3. Yoon HM, Byeon SJ, Hwang JY, et al. Sacrococcygeal teratomas in newborns: a comprehensive review for the radiologists. *Acta Radiol*. 2018;59(2):236-246. doi:10.1177/0284185117710680
4. Fumino S, Tajiri T, Usui N, et al. Japanese clinical practice guidelines for sacrococcygeal teratoma, 2017. *Pediatr Int*. 2019;61(7):672-678. doi:10.1111/ped.13844
5. Yadav DK, Acharya SK, Bagga D, Jain V, Dhua A, Goel P. Sacrococcygeal Teratoma: Clinical Characteristics, Management, and Long-term Outcomes in a Prospective Study from a Tertiary Care Center. *J Indian Assoc Pediatr Surg*. 2020;25(1):15-21. doi:10.4103/jiaps.JIAPS_219_18