

Guidance document for processing PM-JAY packages

Abdominal Hydatid Cyst

Procedure covered: 1

Specialty: Pediatric Surgery/ General Surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Abdominal Hydatid Cyst (Single Organ)	S100079	SG038A	15,800/-

ALOS: 3-5 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery) / MCh/Equivalent (Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Abdominal Hydatid cyst**, 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:

Hydatid disease in people is mainly caused by infection with the larval stage of the dog tapeworm *Echinococcus granulosus*.

- It is an important pathogenic, zoonotic and parasitic infection (acquired from animals) of humans, following ingestion of tapeworm eggs excreted in the faeces of infected dogs.
- Cystic echinococcosis most frequently involves only one organ by forming a solitary cyst.
- Hydatid disease commonly involves the liver (75%) and lungs (15%), followed by other regions of the body (10- 15%).

HYDATID DISEASE OF LIVER

It is caused by *Echinococcus granulosus* and *Echinococcus multilocularis*.

Proceed with Hydatid cyst only if diagnosis made is backed by clinical manifestation:

- Disease may be entirely asymptomatic. Abdominal lump in right upper quadrant. Pain may be characterized as heaviness in abdomen. Associated symptoms dyspepsia, anorexia, nausea and vomiting
- Obstructive jaundice when daughter cyst may communicate with biliary tree. Anaphylactic shock if cyst ruptures into peritoneal cavity. The other less common complications include intraperitoneal rupture, intrathoracic rupture, internal rupture, rupture into viscera, rupture into vascular system and external compression leading to portal hypertension

Investigations

Ultrasound and CT scan are the investigations of choice. CT scan shows smooth space occupying lesion with or without several septa

Management:

Modalities can be divided into interventional and non-interventional. Interventional methods consist of surgery and percutaneous procedures. Non-interventional management is based on administration of antiparasitic drugs. Surgery along with anti-helminthic treatment holds the best curative measure at present.

Pharmacological treatment

- Tab. albendazole

Surgical treatment

- PAIR- Puncture, Aspiration, Injection (of a scolicidal agent), Reaspiration
- Partial cystectomy

Scolicidal agents used for surgery: hypertonic saline 15%, cetrimide 3%

Surgery is considered as the modality of choice for symptomatic and complicated cases. Surgical techniques usually involve anatomical or non-anatomical liver resections, including cystopericystectomy.

The targets of surgical treatment are:

- (a) inactivation of infectious material
- (b) prevention of contamination (spillage)
- (c) elimination of all viable elements (endocyst)
- (d) management of the residual cavity

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	Abdominal Hydatid Cyst
i. At the time of Pre-authorization	
Clinical notes	Yes
USG/CT/MRI Abdomen	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes
Intra-operative Photographs (optional)	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):

- a. Clinical notes - detailed history, signs & symptoms, indication for procedure?
- a. USG/CT/MRI Abdomen confirming the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and line of treatment?
- b. Are the detailed procedure / Operative Notes / photographs and histopathology report available?
- c. 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 indication for surgery mentioned? Yes
- II. Did the USG/CT/MRI Abdomen report confirm the diagnosis? Yes

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

References:

1. Thota A, Reddy AD, Rao VNV. Surgical treatment of Abdominal Echinococcosis. *Int Surg J* 2018;5:3831-6.
2. STANDARD TREATMENT GUIDELINES. A Manual for Medical Therapeutics. First Edition, 2013. Gujarat Medical Services Corporation Limited. Health & Family Welfare Department Government of Gujarat
3. Brunetti E, Kern P, Vuitton DA; Writing Panel for the WHO-IWGE. Expert consensus for the diagnosis and treatment of cystic and alveolar echinococcosis in humans. *Acta Trop.* 2010;114(1):1-16. doi:10.1016/j.actatropica.2009.11.001