



Guidance document for processing PM-JAY packages

Lymphoedema

Procedures covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lymphatics Excision of Subcutaneous Tissues in Lymphoedema	Lymphatics Excision of Subcutaneous Tissues in Lymphoedema	S100192	SG093A	10,000

ALOS: 2-3 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ Equivalent (General Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Lymphatics Excision of Subcutaneous Tissues in Lymphoedema**, 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:

Lymphedema is due to accumulation of lymph in the subcutaneous extra cellular extra vascular compartment resulting in enlargement of body parts.

Common sites:

Lower limbs, upper limbs, scrotum, penis, and breast

Types of lymphoedema

1. Primary lymphoedema

2. Secondary lymphoedema

Comparison of primary and secondary lymphoedema	
Primary lymphoedema	Secondary lymphoedema
It is due to congenital aplasia and hypoplasia	Filariasis is the common cause
Slowly progressive	Rapidly progressive
It is seen in younger age group	Middle age group
Females are more often affected	Males are more commonly affected
Unilateral, begins distally, spreads proximally	Sometimes, it can start proximally—unilateral or bilateral
Capillary haemangioma may be present	Absent
Regional lymph nodes are absent	Lymph nodes are grossly enlarged
Excisional operations are indicated	Excisional operations and other types of surgery

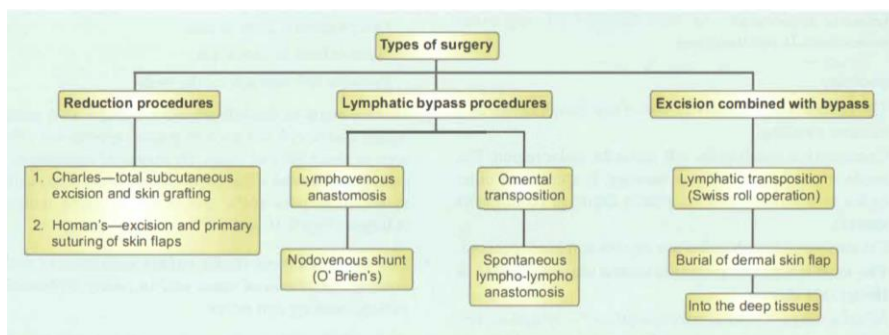
K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.

Treatment

Conservative

- Elastic compression bandage
- Elevation of limb
- Exercise and massaging
- Avoid skin injuries
- Antibiotics, diuretics, diethylcarbamazine, warfarin is used to treat medically

Surgical



K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.

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	Lymphatics Excision of Subcutaneous Tissues in Lymphoedema
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i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical picture	Yes
Optional Lymphangiography/Lymphoscintigraphy/CT/MRI of the affected site	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative clinical photograph	Yes
Histopathological examination	Yes
Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:

- Was clinical presentation and diagnosis indicative of surgery? Yes

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

References

- Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. *Health & Family Welfare Department Government of Tamilnadu*
- K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.