



Guidance document for processing PM-JAY packages

Cystic Swellings/ Cyst excision

Procedures covered: 3

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Lipoma / Cyst / other cutaneous swellings Excision	Lipoma Excision	S100096	SG085A	5,000/-
Lipoma / Cyst / other cutaneous swellings Excision	Cyst Excision	New Package	SG085B	5,000/-
Lipoma / Cyst / other cutaneous swellings Excision	Other cutaneous swellings Excision	New Package	SG085C	5,000/-

ALOS: 1-2 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 **Lipoma / Cyst / other cutaneous swellings 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:

LIPOMA

Lipomas are slow-growing mesenchymal tumors, nearly always benign, adipose tumors that are most often found in the subcutaneous tissues. It is also called 'universal tumor' because it can occur anywhere in the body where there is fat. Although most lipomas are <5cm in size, giant



lipomas >10cm have also been reported in different parts of the body that rarely occur in head and neck region. Most placements of areas of lipomas are the arm, shoulder, back, legs, forehead and face.

Diagnostic features of lipoma

These tumors usually present painless, subcutaneous, mobile mass.

- Subcutaneous-commonest type
- Soft to firm lobular swelling
- 'Slip' sign positive-a pathognomonic sign
- Semifluctuant swelling
- 'Smart' dimple sign on movement of the skin

Treatment

Treatment options are non-excisional and excisional techniques.

- NONEXCISIONAL TECHNIQUES
 - Nonexcisional treatment of lipomas, which is now common, includes steroid injections and liposuction
- EXCISIONAL TECHNIQUES
 - ENUCLEATION - Small lipomas can be removed by enucleation
 - EXCISION - Larger lipomas are best removed through incisions made in the skin overlying the lipoma

CYSTS

A cyst is a soft fluctuant swelling containing fluid. True cysts are lined by endothelium or epithelium. They contain clear serous fluid, mucoid material, pus, blood, lymph or toothpaste like material. The false cysts do not have lining epithelium.

DERMOID CYST

This is a cyst lined by squamous epithelium containing desquamated cells. The contents are thick and sometimes toothpaste-like which is a mixture of sweat, sebum and desquamated epithelial cells and sometimes even hair.

Treatment of dermoid cyst

- Excision of the cyst

SEBACEOUS CYST

Sebaceous glands are present in the skin. These glands secrete sebum which keeps the skin

soft and oily. The duct of the sebaceous gland mainly opens into the hair follicle and rarely may open directly on to the skin. If the duct or the mouth of the sebaceous gland becomes blocked, the gland becomes distended with its own secretion and forms a sebaceous cyst. So this is a retention cyst and is most accurately called 'epidermoid cyst' since such cyst is lined by superficial squamous cells.

Common sites

A sebaceous cyst can be seen anywhere in the body but most commonly seen in those parts where there are plenty of sebaceous glands.

There is no sebaceous gland in the palm or sole, so sebaceous cyst is never seen in these areas.

Clinical features

- It is a typical cystic swelling which is spherical in shape. Its size varies from a few millimetres to about 5 cm. in diameter. The surface is smooth and there is a bluish or blackish spot or punctum which indicates the blocked opening of the duct.
- Such cyst is always fixed to the skin, so the overlying skin cannot be lifted off the swelling (cf. dermoid cyst and lipoma). The consistency is cystic. Due to presence of sebum there may be indentation due to pressure with finger tip. If the cyst is a big one, fluctuation test may be positive otherwise it is difficult to perform. This cyst is free from underlying structures and it can be moved easily with the skin.
- Transillumination test is almost always negative.
- The swelling is usually not tender. In case it is tender, the cyst is obviously infected.

Treatment

Total excision of the cyst is the treatment of choice. If the cyst is infected, preliminary antibiotic treatment should be given and the excision is only possible when the infection has subsided. If the cyst is a small one it can be excised under local anaesthesia.

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	Lipoma / Cyst / other cutaneous swellings Excision
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photographs	Yes
Optional	Yes
X-ray/USG/CT/MRI region of interest	
Thyroid scan (thyroglossal cyst)	

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 photographs	Yes
Histopathological examination	Yes
Detailed discharge summary	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, planned line of treatment, indication for procedure?
- Clinical photographs confirming the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Post-operative photographs submitted?
- Histopathological examination 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 (PPD):

- Was the clinical evaluation/picture indicative of surgery? Yes



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

References:

1. Salam GA. Lipoma excision. *Am Fam Physician*. 2002;65(5):901-904.
2. Derin AT, Yaprak N. Lipomas: Review and Evaluation of the Literature. *Clin Surg*. 2017; 2: 1615.
3. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
4. Somen Das. A concise textbook of surgery. Sixth Edition. 2010