



Guidance document for processing PM-JAY packages

Cystic swellings in the scrotum

Procedures covered: 4

Specialty:

Epididymal Cyst / Nodule Excision (General/Pediatric Surgery)

Sebaceous cysts over scrotum (General Surgery)

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price |
|---|----------------------------|---------------------|--------------|---------------|
| Epididymal Cyst / Nodule Excision | Epididymal Cyst excision | S100033, S100034 | SG057A | 4,600/- |
| Epididymal Cyst / Nodule Excision | Epididymal Nodule excision | S100033, S100034 | SG057B | 4,600/- |
| Excision of cyst / Sebaceous Cysts over scrotum | Single Cyst | S100019 | SG054A | 2,000/- |
| Excision of cyst / Sebaceous Cysts over scrotum | Multiple Cysts | S100019 | SG054B | 7,000/- |

ALOS: 1-2 Days

Minimum qualification of the treating doctor:

Essential: MS/Equivalent (in General Surgery), MCh/Equivalent (in Pediatric Surgery, Genitourinary Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Epididymal Cyst / Nodule Excision/ Excision of cyst / Sebaceous Cysts over scrotum**, 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:

EPIDIDYMAL CYSTS

An epididymal cyst is a fluid-filled, thin-walled cysts found posterior to the testis, usually in the upper or lower pole of the epididymis. They are very common, usually multiple and vary in size at presentation.

| | Epididymal cyst |
|----------------------|--|
| 1. Aetiology | Cystic degeneration of the appendages of epididymis— congenital |
| 2. Site | Behind and above the testis in the region of epididymal head |
| 3. Loculi | Multilocular |
| 4. Contents | Crystal clear, watery |
| 5. Transillumination | Brilliant (Chinese lantern pattern) |
| 6. Aspiration | Results in recurrence as the cyst is multilocular |
| 7. Excision | Excision may be necessary if the cyst is large |

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

Clinical Manifestations

Epididymal cysts are benign and typically present as a persistent hemiscrotal swelling that is usually painless but may give a dragging sensation depending upon size.

Other symptoms of an epididymal cyst may include:

- Dull pain in the scrotum
- A feeling of heaviness in the scrotum
- Redness in the scrotum area
- Increased pressure at the bottom of the penis
- Tender or swollen epididymis
- Tender, swollen, or hardened testicles

- Pain in the groin or lower back and abdomen

Diagnosis

Epididymal cysts are often incidental findings on testicular self-examination or routine physical examination. The diagnosis can be confirmed by ultrasound.

Treatment

Most epididymal cysts and spermatoceles do not need to be treated.

1. Observation – no intervention if cyst is small
2. Aspiration (drainage) with a needle – this removes the fluid, but it will re-accumulate very quickly and is not an effective curative treatment.
3. Surgical removal – Epididymal cyst removal or excision is a procedure to remove large or painful cysts from the scrotum

SEBACEOUS CYSTS

Sebaceous cysts (epidermal cysts) are common in the scrotal skin. This occurs due to obstruction to one of the sebaceous ducts, resulting in accumulation of sebaceous material. They are usually small and multiple (Strawberry scrotum). On clinical examination, they are localized to scrotal skin and separate from the testes.

Clinical features

- They are slow-growing and appear in early adulthood or middle age
- Hemispherical or spherical swelling located in the dermis. A dark spot in the centre (punctum) filled with keratin is a diagnostic feature of this cyst. The punctum indicates blockage of the duct.
- In 20-30% of cases, instead of opening into the skin, sebaceous duct opens into the hair follicle. Hence, punctum is not seen
- It has a smooth surface, round borders, soft and putty consistency and is nontender
- The swelling is mobile over the deep structures, and the skin is free all around except an area of adherence at the site of punctum

Treatment

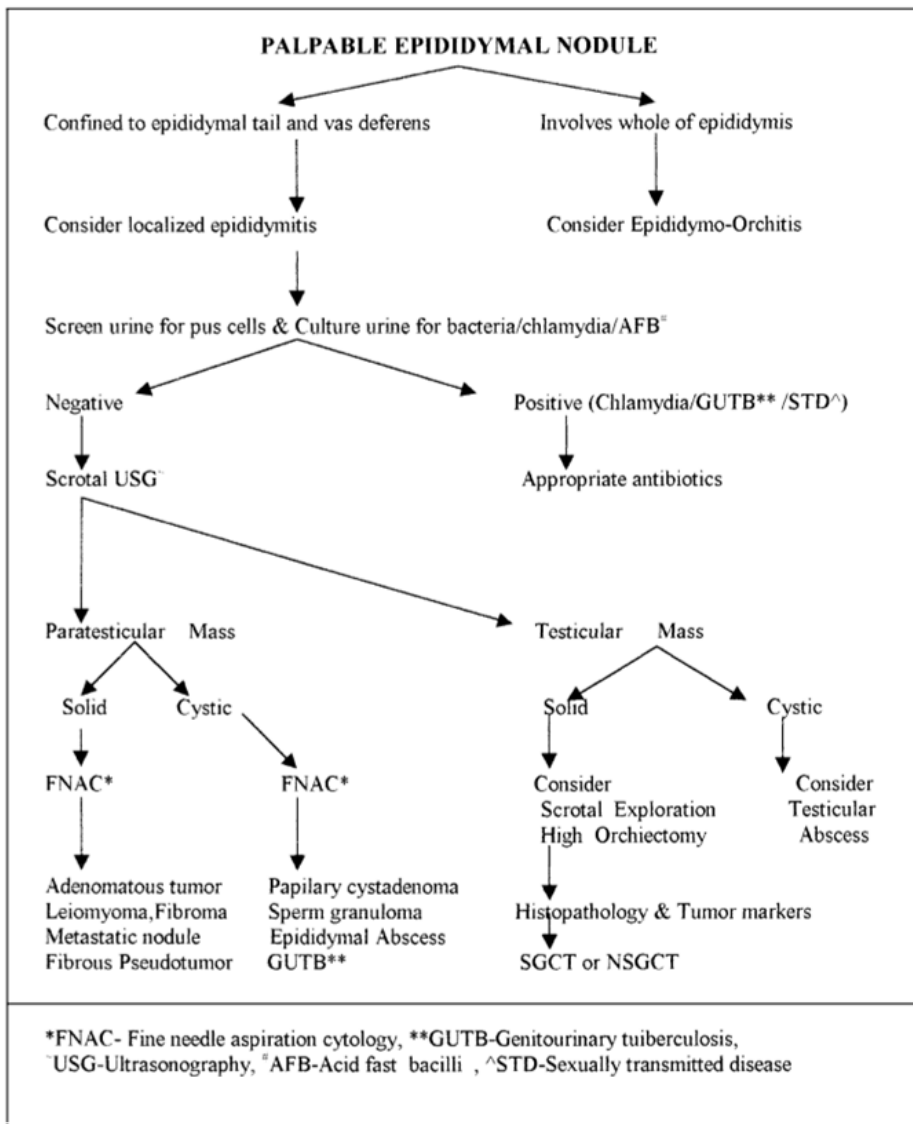
Gold standard treatment for epidermal cyst is complete excision of cyst and its contents

1. Incision and avulsion of cyst with the wall. Very often, during dissection, the cyst wall ruptures. Care should be taken to excise the entire cyst wall. If not, recurrence can occur.
2. When it is small it can be excised along with the skin.

EPIDIDYMAL NODULES

- Most of the cases are non-neoplastic lesions
- The clinical presentation of epididymal nodule varies from silent incidental discovery (asymptomatic) to multiple episodes of inguino-scrotal pain
- Fine-needle aspiration cytology (FNAC) is useful in diagnosis and guide management strategies of patients with epididymal nodules
- Most non-neoplastic lesions are managed conservatively. Symptomatic nodules are treated by surgical excision

Algorithm showing work up for an epididymal nodule and or chronic epididymitis



Singh, I., Dev, G. & Singh, N. Chronic epididymitis (epididymal nodule) mimicking an adenomatoid tumor-case report with review of literature. *Int Urol Nephrol* 34, 219–222 (2002)

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 | Epididymal Cyst / Nodule Excision/ Excision of cyst / Sebaceous Cysts over scrotum |
|---|---|
| i. At the time of Pre-authorization | |
| Clinical notes including evaluation findings, indication for procedure and planned line of management | Yes |
| Clinical photographs (optional) | Yes |
| Scrotal ultrasound (not required for sebaceous cysts) | Yes |
| Optional Fine Needle Aspiration Cytology (FNAC) | Yes |
| ii. At the time of claim submission | |
| Detailed Indoor case papers (ICPs) with treatment details | Yes |
| Detailed Procedure / operative notes | Yes |
| Post-operative photographs (optional) | 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 (PPD):

- I. Was the clinical evaluation/imaging/investigation indicative of surgery? Yes

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



References:

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. Norman S. Williams et al. 2013. Bailey & Love`s Short practice of Surgery, 26th Edition.
3. <https://www.uhb.nhs.uk/Downloads/pdf/PiEpididymalCyst.pdf>
4. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/tre.200>
5. Singh, I., Dev, G. & Singh, N. Chronic epididymitis (epididymal nodule) mimicking an adenomatoid tumor-case report with review of literature. *Int Urol Nephrol* **34**, 219–222 (2002). <https://doi.org/10.1023/A:1023234900413>
6. Shah VB, Shet TM, Lad SK. Fine needle aspiration cytology of epididymal nodules. *J Cytol.* 2011;28(3):103-107. doi:10.4103/0970-9371.83463