

## Guidance document for processing PM-JAY packages

### Thyroglossal cyst / sinus / fistula excision

Procedures covered: 3

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Thyroglossal cyst / sinus / fistula excision	Thyroglossal cyst excision	S200073	SL018A	15,300
Thyroglossal cyst / sinus / fistula excision	Thyroglossal sinus excision	New Package	SL018B	15,300
Thyroglossal cyst / sinus / fistula excision	Thyroglossal fistula excision	S200073	SL018C	15,300

**ALOS: 2 days**

**Minimum qualification of the treating doctor:**

**Essential:** Diploma/ DLO with equivalent (in ENT) 4 years' experience

**Desirable:** MS/ DNB/ or equivalent (in ENT)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Thyroglossal cyst / sinus / fistula 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 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:**

Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

**Thyroglossal cyst / sinus** are well recognized congenital malformations of the neck due to persistent thyroglossal duct which gets obliterated during normal development.

### Signs & Symptoms:

Thyroglossal cyst/ sinus/ fistulas present as midline swelling in the upper neck (between the thyroid cartilage and the submental triangle) with or without intermittent discharge and infections.

Branchial arch anomalies present as swelling with or without external opening (sinus) and internal opening (fistula) in the head and neck region. The various locations of these conditions are infra-auricular (first arch anomalies) and anterior to sternocleidomastoid muscle in the upper one third (second arch anomalies) or lower third (third and fourth arch anomalies) of the neck. These cysts and sinuses may get infected intermittently leading to drainage of abscesses and subsequent scarring over the cysts and around the sinuses.

### Investigations:

- USG or CT/ MRI Sinograms
- Surgery is the definite treatment to remove all the remnants of the persistent embryonal structures in the abnormal location to avoid recurrence. During surgery, all care ~~should be~~ is taken to preserve all the vital structures like facial nerve and major vessels which may be in close relation to the sinus/ fistula tracts.

### 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	Thyroglossal cyst / sinus / fistula excision
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes
b. Pre-operative clinical photograph of the affected part	Yes
c. USG/CT/MRI sinogram/ fistulogram confirming the Diagnosis	Optional (desirable)
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Histopathology examination report	Yes
d. Photograph of the Gross specimen of the tissue removed	Yes
e. Post procedure clinical photograph of the affected part	Yes
f. 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:**

<b>Mandatory document</b>	<b>Thyroglossal cyst / sinus / fistula excision</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Were the Clinical notes, detailing history submitted?	Yes
b. Was the USG/CT/MRI Sinugram/ fistulogram confirming the Diagnosis submitted?	Optional
c. Was the pre-operative Clinical photograph of the affected part submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Was the indoor case papers submitted?	Yes
b. Was Detailed Procedure / Operative Notes submitted?	Yes
c. Was the Histopathology report?	Yes
d. Was the Picture of the Gross specimen of the tissue removed submitted?	Yes
e. Was the Post procedure clinical photograph of the affected part available?	Yes
f. Was the Detailed discharge summary submitted?	Yes

## **PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)**

**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:**

- Did the Clinical notes, pre-clinical photograph and Imaging studies indicative of thyroglossal cyst/ sinus/ fistula? Yes

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



## References:

1. Prasad, Sampath Chandra, et al. "Branchial anomalies: diagnosis and management." International Journal of Otolaryngology 2014 (2014).
2. Sahu, Samaresh, Ameet Kumar, and T. S. Ramakrishnan. "Branchial fistula: an imaging perspective." Medical journal, Armed Forces India 67.3 (2011): 262.