



## Guidance document for processing PM-JAY packages

### Orchiopexy

Procedures covered: 3

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Orchiopexy	Orchiopexy with laparoscopy	S700128, S700129	SU088A	30,000
Orchiopexy	Orchiopexy without laparoscopy - U/L	S700126	SU088B	15,000
Orchiopexy	Orchiopexy without laparoscopy - B/L	S700127	SU088C	15,000

**ALOS: 2 Days**

**Minimum qualification of the treating doctor:**

**Essential:** MCh/ DNB or equivalent in (Urology, Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** Tertiary care and availability of laparoscopic surgery facility

#### Disclaimer:

For monitoring and administering the claim management process of **Orchiopexy**, 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:**

With Nonpalpable Undescended Testis proceed with **Orchiopexy** only if diagnosis made is backed by clinical manifestations. Undescended testis

### Type of Undescended testis includes

- Congenital and acquired,
- Palpable and non-palpable
- Unilateral or bilateral

Undescended Testis may be located along its normal route of descent or in an ectopic position.

- Cryptorchid/undescended
- Ectopic
- Retractable
- Gliding
- Acquired

### Diagnosis: Ultrasonography, CT Scan

**Management:** Deciding the Time of the procedure is crucial, and the main goal of this timing of orchiopexy is to prevent the impairment of spermatogenic function and decrease the risk of TGCT in adult life.

**The Open/Non laparoscopic orchidopexy** involves mobilizing the undescended testis and fixing it as low as possible at the inguinal ligament or pubic tubercle, followed by that performing the second stage procedure 6-12 months later. There are different approaches available in Open approach.

**Laparoscopic Orchidopexy:** This approach involves in dividing the gubernacular attachment and mobilizing the testicular vessels and the vas deferens from the posterior abdominal wall/peritoneum by 8-10 cm, tissue between the spermatic vessels and the vas deferens remains intact and preserves the spermatic vessels.

### 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	Orchiopexy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. USG abdomen confirming the need for laparoscopy in locating the testes	Yes
c. Clinical Photograph of the affected part	Yes
<b>ii. At the time of claim submission</b>	

a. Detailed Indoor case papers	Yes
b. Detailed Operative notes / procedure notes	Yes
c. Post-operative clinical photograph (optional)	Yes
d. Detailed Discharge Summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorisation 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 documents</b>	<b>Orchiopexy</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes
b. Was the USG abdomen confirming that laparoscopy is needed for locating the testes submitted for review?	Yes
c. Was the Clinical Photograph of the affected part submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed Indoor case papers submitted?	Yes
b. Was the Detailed Procedure/Operative notes submitted?	Yes
c. Was the Post-operative clinical photograph submitted? (optional)	Yes
d. Was the detailed discharge summary available?	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:**

### **Orchiopexy:**

- I. Are the clinical notes and USG abdomen confirming the diagnosis of undescended testis and indicative of procedure? Yes



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

**References:**

1. KIRSCH, ANDREW J., et al. "Surgical management of the nonpalpable testis: the Children's Hospital of Philadelphia experience." The Journal of urology 159.4 (1998): 1340-1343.
2. Niedzielski, Jerzy K., Elżbieta Oszukowska, and Jolanta Słowikowska-Hilczer. "Undescended testis—current trends and guidelines: a review of the literature." Archives of medical science: AMS 12.3 (2016): 667.