

Guidance document for processing PM-JAY packages

Surgical Correction of Varicocele

Procedures covered: 2

Specialty: Urology

Package name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Surgical Correction of Varicocele	Non-Microsurgical	S700148, S700150	SU089A	10,000
Surgical Correction of Varicocele	Microsurgical	S700149, S700151	SU089B	15,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent in Urology

Special empanelment criteria/linkage to empanelment module: Availability of Microsurgery facilities.

Disclaimer:

For monitoring and administering the claim management process of **Surgical Correction of Varicocele**, 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:

A varicocele leads to impair sperm production and function due to anatomical abnormality and is due to a dilatation of the pampiniform venous plexus within the scrotum.

- There is no effective medical treatment available for varicoceles. Surgical correction is the main treatment option used.
- Varicocele is the most common correctable aetiology found in adult men with infertility.
- The goal of surgical corrections of varicocele is to improve the potential for future fertility.

Indications:

- The varicocele is palpable on physical examination of scrotum.
- Infertility, Abnormal semen parameters, Clinical varicocele, Oligospermia
- Infertility duration of ≥ 2 years
- Otherwise unexplained infertility in the couple.
- Varicocele treatment is recommended for adolescents with progressive failure of testicular development documented by serial clinical examination.

Procedure:

- Diverse surgical procedures available such as
 - The Palomo retroperitoneal technique.
 - The Ivansisevich inguinal approach.
 - Antegrade sclerotherapy,
 - Retrograde embolization,
 - **Microsurgery:** The microsurgical sub-inguinal approach is the gold standard.
 - Retroperitoneoscopic and
 - Laparoscopic procedures.
- The inguinal and sub inguinal approaches are most used, the microsurgical technique has advanced the surgical treatment of this disorder by allowing optimal visualization.
- Microsurgical repair of varicocele may improve the patient's erectile and ejaculatory function, along with raising testosterone levels.

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	Non-Microsurgical	Microsurgical
i. At the time of Pre-authorization		
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes	Yes
b. Ultrasound Imaging of the Scrotum	Yes	Yes
c. Is the EHCP have facilities for microsurgery?	No	Yes
ii. At the time of claim submission		

a. Detailed indoor case papers	Yes	Yes
b. Detailed Procedure / Operative notes submitted?	Yes	Yes
c. Detailed discharge summary submitted?	Yes	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:

Mandatory document	Non-Microsurgical	Microsurgical
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):		
a. Was the Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure submitted?	Yes	Yes
b. Was the Ultrasound Imaging of the Scrotum report submitted?	Yes	Yes
c. Do the EHCP have facilities for microsurgery?	No	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)		
a. Are the detailed ICPs with daily vitals and treatment details?	Yes	Yes
b. Was the Detailed Procedure / Operative Notes submitted?	Yes	Yes
c. Was the Detailed Discharge Summary submitted with the date of the follow-up mentioned?	Yes	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:



I. Was the Clinical notes and USG scrotum report indicative of procedure? Yes

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

References:

1. Raheem, Omer A. "Surgical management of adolescent varicocele: systematic review of the world literature." *Urology annals* 5.3 (2013): 133.
2. Practice Committee of the American Society for Reproductive Medicine., Society for Male Reproduction and Urology. Report on varicocele and infertility: a committee opinion. *Fertil Steril*. 2014 Dec. 102 (6):1556-60.
3. [Guideline] Jungwirth A, Diemer T, Dohle GR, Giwercman A, Kopa Z, Krausz C, et al. Guidelines on Male Infertility. European Association of Urology. Available at http://uroweb.org/wp-content/uploads/17-Male-Infertility_LR1.pdf. March 2014; Accessed: December 9, 2017.
4. Owen, Ryan C., et al. "A review of varicocele repair for pain." *Translational Andrology and Urology* 6. Suppl 1 (2017): S20.