



Guidance document for processing PM-JAY packages

Filarial hydrocele

Procedures covered: 1

Specialty: General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Excision Filarial Scrotum	Excision Filarial Scrotum	S100039	SG055A	6,500/-

ALOS: 3 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (in Plastic Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Excision Filarial 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:

- Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease. Infection occurs when filarial parasites are transmitted to humans through mosquitoes. Infection is usually acquired in childhood causing hidden damage to the lymphatic system.
- The painful and profoundly disfiguring visible manifestations of the disease, lymphoedema, elephantiasis and scrotal swelling occur later in life and can lead to permanent disability.

Cause and transmission

Lymphatic filariasis is caused by infection with parasites classified as nematodes (roundworms) of the family Filariodidea. There are 3 types of these thread-like filarial worms:

- *Wuchereria bancrofti*, which is responsible for 90% of the cases
- *Brugia malayi*, which causes most of the remainder of the cases
- *Brugia timori*, which also causes the disease

Proceed with Filarial scrotal excision only if diagnosis is backed by clinical manifestation:

Presenting symptom:

Patients may be asymptomatic or present with fever with scrotal swelling (painless). Fever may be presented with night sweats usually evening rise in temperature.

Clinical picture at different stages:

Lymphatic filariasis infection involves asymptomatic, acute, and chronic conditions.

- In acute presentation episodic attacks of fever with lymphadenitis and lymphangitis. Occasionally adult worms may be felt subcutaneously.
- Chronic presentation as a case of lymphatic obstruction due to worm or fibrosis causing massive lower limb oedema, non-pitting type, with skin thickening, hydrocele, chyluria, chylous ascitis, chylothorax

Indications for surgery:

Surgery is the treatment of choice for filarial scrotum. Indications for surgery include the following:

- Interference with work
- Interference with sexual function
- Interference with micturition
- Negative impact on the patient's family
- Dragging pain
- Susceptibility to trauma because of the patient's work or mode of transport
- Possible effect on the testis of long-standing hydroceles

Management:

Surgical Treatment:

The ideal procedure is to excise the affected skin completely with or without reconstruction.

- Scrotal elephantiasis – Surgical removal of grossly elephantoid skin and scrotal tissues (with or without reconstruction) and with preservation of penis and testicles

Medical Management:

- Triple drug therapy – Diethylcarbamazine (DEC), Albendazole and Ivermectin

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	Excision Filarial Scrotum
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photographs	Yes
Peripheral blood examination	Yes
USG Abdomen and scrotum	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative Photographs	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.

1. Below mentioned are the scenarios where a provision would be built in TMS for pop-ups (PPD):

- Was the indication for surgery mentioned? Yes



II. Did the USG scrotum report confirm the diagnosis? Yes

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

References:

1. <https://www.who.int/news-room/fact-sheets/detail/lymphatic-filariasis>
2. Capuano GP, Capuano C. Surgical management of morbidity due to lymphatic filariasis: the usefulness of a standardized international clinical classification of hydroceles. Trop Biomed. 2012 Mar. 29(1):24-38.
3. STANDARD TREATMENT GUIDELINES. A Manual for Medical Therapeutics. First Edition, 2013. Gujarat Medical Services Corporation Limited. Health & Family Welfare Department Government of Gujarat
4. Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department. Government of Tamil Nadu.