



Guidance document for processing PM-JAY packages

Vasovasostomy

Procedure covered: 1

Specialty: General Surgery/Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Vasovasostomy	Vasovasostomy	S100143	SG058A	12,000/-

ALOS: 3 Days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Vasovasostomy**, 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 vasovasostomy is a surgical procedure in which the effects of a **vasectomy** (male sterilization) are reversed. Vasovasostomy involves the anastomosis of segments of the vas deferens above and below an obstruction.

Indications:

- Vast majority of vasovasostomies are performed to reverse a prior vasectomy

- Vasovasostomies are also designed to bypass an obstruction in the male genital tract in men who are sterile
- A vasovasostomy may also be performed on occasion to relieve pain associated with post-vasectomy pain syndrome
- Occasionally indicated for repair of an iatrogenic vasal injury secondary to prior surgery (eg, inguinal herniorrhaphy)
- **Diagnosis**
Before a vasovasostomy is performed, the patient will undergo a preoperative assessment, including a physical examination of the scrotum and a medical history of prior vasectomy surgery.

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	Vasovasostomy
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Pre-operative scrotal examination	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	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. Did the clinical indications justify the need for surgery? Yes

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

References:

1. Anthony J. Senagore. The GALE ENCYCLOPEDIA of Surgery. 2004. A GUIDE FOR PATIENTS AND CAREGIVERS. Volume 3 (P-Z).
2. Namekawa T, Imamoto T, Kato M, Komiya A, Ichikawa T. Vasovasostomy and vasoepididymostomy: Review of the procedures, outcomes, and predictors of patency and pregnancy over the last decade. *Reprod Med Biol*. 2018;17(4):343-355. Published 2018 May 22. doi:10.1002/rmb2.12207
3. Patel AP, Smith RP. Vasectomy reversal: a clinical update. *Asian J Androl*. 2016;18(3):365-371. doi:10.4103/1008-682X.175091