

Guidance document for processing PM-JAY packages

Inguinal Hernia

Procedures covered/ procedure count:2

Specialty: General Surgery/ Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Inguinal Hernia	Open	New Package	SG050A	16,200 (plus, Cost of the mesh)
Inguinal Hernia	Lap	New Package	SG050B	16,200 (plus, Cost of the mesh)

ALOS: 3 days

Minimum qualification of the treating doctor:

Essential: MS / DNB/ equivalent (General Surgery)/ DNB/ MCh/ equivalent (Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Laparoscopic facility with trained specialties in laparoscopic surgeries for performing laparoscopic surgeries.

1.2 Disclaimer:

For monitoring and administering the claim management process of **Inguinal Hernia– Open, Inguinal Hernia– Lap**, 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. However, this document doesn't provide any guidance on clinical and therapeutic management of patient.

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 with Inguinal Hernia only if diagnosis made is backed by clinical manifestation

- Bulge in the area on either side of pubic bone
- Pain and discomfort in groin region when coughing, exercising or bending over

- c. A heavy full sensation in the groin
- d. Occasionally, pain and swelling around testicles when the protruding intestine descend into the scrotum
- e. Fever (in case of complications)
- f. Vomiting / Nausea (In case of complications)

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	Inguinal Hernia
i. At the time of Pre-authorization	
Clinical notes	Yes
Photograph showing hernia / bulge	Yes
ii. At the time of claim submission	
Post op clinical photograph	Yes
Operative notes	Yes
Invoice of the Mesh / tacker used	Yes
Detailed Discharge Summary	Yes
Pre-anesthesia check-up report	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 documents	Inguinal Hernia
Pre-auth processing Doctor (PPD)	

Clinical notes with detailed history, signs & symptoms, indication for procedure	Yes
Was the Photograph showing hernia / bulge submitted	Yes
Claims Processing Doctor (CPD)	
Does the intraoperative clinical photograph show presence of Mesh?	Yes
Is the Invoice of the Mesh used in the procedure?	Yes
Are the Complete operative notes mentioning the detail procedure performed?	Yes
<i>Is the Discharge summary with follow-up advise at the time of discharge submitted?</i>	Yes
Is the pre-anesthesia check-up report 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:

- Does Clinical symptom show bulge in the area on either side of pubic bone? – Yes
- Was the patient operated for hernia on same side in past? – No

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

References: Clinical pathways, General Surgery, RSBY, World Bank & FICCI, May 2015