



Guidance Document for Processing PM-JAY Packages

EPIDIDYMAL EXCISION UNDER GA

Package Covered: 01
Speciality: General Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.0	Procedure Code HBP 2022	Package Price
Epididymal Excision under GA	Epididymal Excision under GA	New Package	New Package	SG111A	NRP: Rs. 2,000/- Tier 3: Rs. 2,000/- Tier 2: Rs. 2,400/- Tier 1: Rs. 2,500/-

Average Length of Stay (ALOS): 2 Days

Minimum Qualification of the treating/operating doctor:
Essential: MS/DNB/Equivalent (General Surgery)

Special Empanelment Criteria / Linkages to Empanelment Module: Care at Secondary Care Hospital

Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Epididymal Excision under GA**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

PART I: Guidelines for Clinicians and Healthcare Providers

1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

1.2 Clinical Key Pointers:

Epididymal excision or Epididymectomy is an operation that is seldom indicated and is usually used as a last resort in treating pain. The main indications include post-vasectomy epididymal engorgement, complex epididymal cyst disease, chronic recurrent epididymitis, and epididymal tuberculosis resulting in caseation and a firm expanding mass not responding to antibiotic treatment.

1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

I. For Pre-Authorisation:

- a. Clinical Notes with history and examination and planned line of treatment
- b. USG Scrotum

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Detailed Discharge Summary
- d. Post Operative HPE Report

PART II: Guidelines for Processing Team

2.1 Objective:

To guide 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 the 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.

I. At the time of Pre-Authorisation processing – For PPD

- i. Clinical notes with detailed history, signs and symptoms, clinical examination, planned line of treatment, and indications for the procedure?
- ii. Whether USG Scrotum report available?

II. At the time of Claim Processing – For CPD

- i. Are the detailed ICPs with daily vitals and treatment details available?
- ii. Are the detailed Operative/Procedure notes available?
- iii. Is the discharge summary with follow-up advice available at discharge?
- iv. Whether post-operative HPE report submitted?

PART III: Guidelines for IT

3.1 Objective:

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in the case of Epididymal Excision under GA:

a. At Pre-Authorisation (PPD):

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Whether the investigation reports confirm the diagnosis? Yes.

b. At Claim Submission (CPD):

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.



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

References:

1. Hashim, H., Abrams, P. (2008). Epididymectomy. In: Hashim, H., Abrams, P., Dmochowski, R. (eds) The Handbook of Office Urological Procedures. Springer, London. https://doi.org/10.1007/978-1-84628-706-0_14
2. Dave E. Padmore, Richard W. Norman, Oliver H. Millard, Analyses of Indications for and Outcomes of Epididymectomy, The Journal of Urology, Volume 156, Issue 1, 1996, Pages 95-96, ISSN 0022-5347, [https://doi.org/10.1016/S0022-5347\(01\)65951-2](https://doi.org/10.1016/S0022-5347(01)65951-2)