



## Guidance Document for Processing PM-JAY Packages

### MANAGEMENT OF VARICOSE VEINS

**Package Covered:** 02  
**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
Management of Varicose Veins	Operative management	S100142	SG095A	SG095A	NRP: Rs. 16,500/- Tier 3: Rs. 16,500/- Tier 2: Rs. 19,400/- Tier 1: Rs. 20,700/-
Management of Varicose Veins	Minor sclerotherapy	New Package	New Package	SG095B	NRP: Rs. 5000/- Tier 3: Rs. 5000/- Tier 2: Rs. 5900/- Tier 1: Rs. 6300/-

**Average Length of Stay (ALOS):** SG095A: 7 Days  
SG095B: 1 Day

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

**Special Empanelment Criteria / Linkages to Empanelment Module:** None

#### **Disclaimer:**

NHA shall follow these guidelines to monitor and administer the claim management process of the **Management of Varicose Veins** procedures. 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:**

Varicose veins are the most common vein disorder. Varicose veins are dilated, tortuous veins caused by dilation of normal veins due to increased venous pressure. They are visible surface manifestations of an underlying syndrome of venous insufficiency. They occur in varying severity and different clinical presentations. 2% of these patients present with skin changes and morbid venous ulcers.

### Causes:

- Hereditary, history of phlebitis
- Female, pregnancy, pelvis tumours
- Prolonged standing
- Varicose veins may also occur secondary to DVT and arteriovenous malformations

### Varicose veins may involve:

- Greater Saphenous Vein (GSV)
- Lesser Saphenous Vein (LSV) with their tributaries
- Perforator veins, which connect them to the deep venous system of the leg
- Combination of the above veins

### Clinical Presentation depends on the severity of the disease:

- Aching pain in the leg
- Tiredness
- Discomfort
- Ankle/Feet oedema, especially after prolonged standing
- Eczema
- Hyperpigmentation
- Lipodermatosclerosis
- Venous ulceration
- Itching
- Bleeding
- Superficial thrombophlebitis

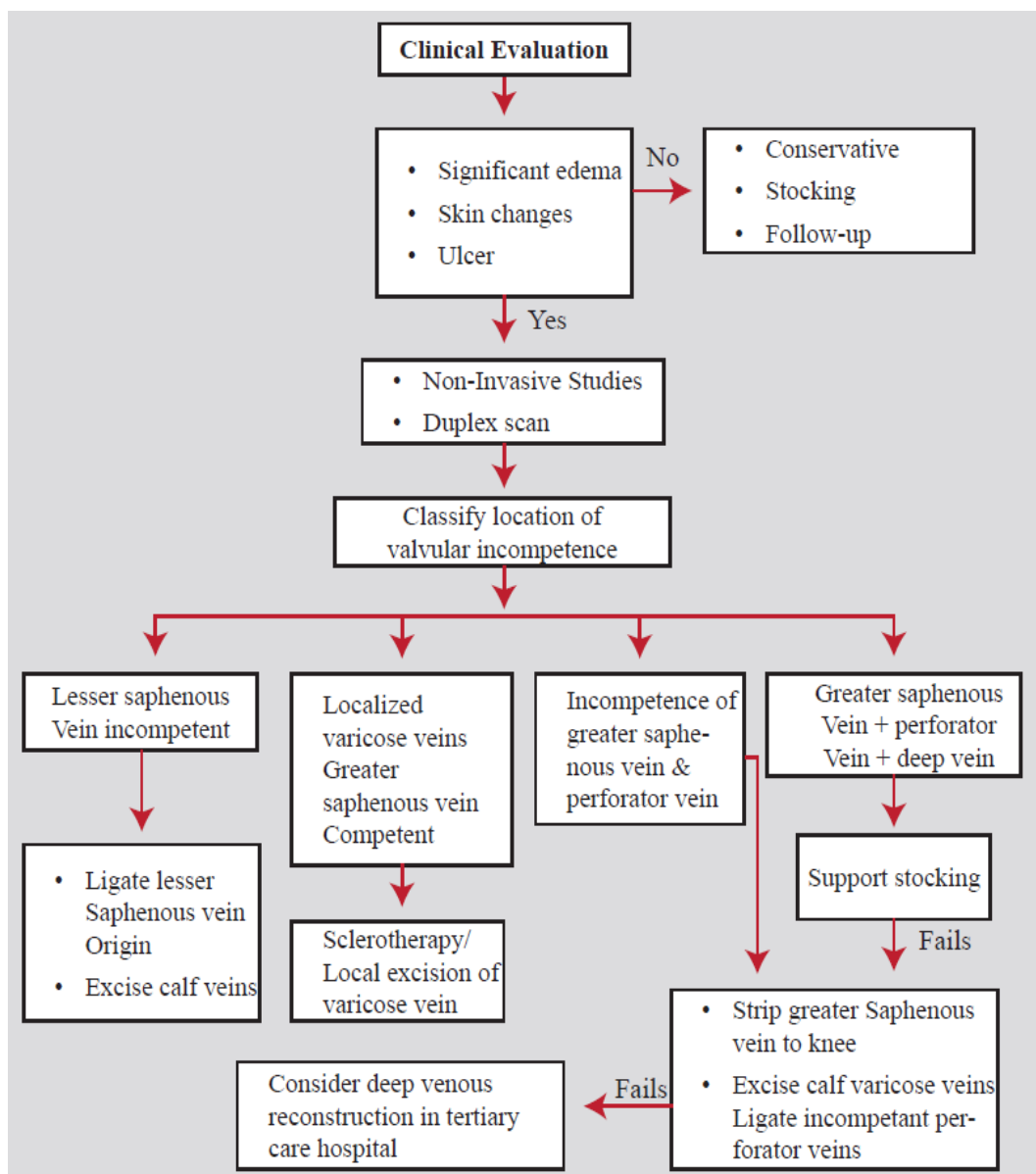
Patients are categorised according to their clinical, etiological, anatomical and pathological (CEAP) status to guide the therapy, documentation or follow-up purposes.

CEAP Classifications	
<b>C – Clinical</b> <ul style="list-style-type: none"> <li>• No visible signs of venous disease</li> <li>• Telangiectasia/Reticular Veins</li> <li>• Varicose veins</li> <li>• Oedema</li> <li>• Skin changes, including pigmentation</li> <li>• Venous eczema</li> <li>• Lipodermatosclerosis</li> <li>• Healed ulceration</li> <li>• Active ulcer</li> </ul> <b>A – Asymptomatic</b> <b>S – Symptomatic</b>	<b>A – Anatomical Distribution</b> <ul style="list-style-type: none"> <li>• Superficial Veins</li> <li>• Deep Veins</li> <li>• Perforator Veins</li> <li>• Alone or in combination</li> </ul>
<b>E – Etiological</b> <ul style="list-style-type: none"> <li>• Primary</li> <li>• Secondary</li> <li>• Congenital</li> </ul>	<b>P – Pathophysiological Dysfunction</b> <ul style="list-style-type: none"> <li>• Obstruction</li> <li>• Reflux</li> <li>• Combination of both</li> </ul>

Standard Treatment Guidelines. A manual for Medical Practitioners. 2010. H&FWD, Government of Tamil Nadu.

### Clinical Approach to Varicose Veins

Clinical examination is aimed at assessing the presence and anatomical distribution of venous reflux and the patency of deep veins. A tortuous dilated vein in the subcutaneous tissue is indicative of a varicose vein. Varicosities in the thigh indicate long saphenous incompetence, whereas varicosities of the back of the leg suggest short saphenous incompetence. Examination of the pulse in both lower limbs is mandatory.



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The clinically relevant tests performed at the bedside are:

- Trendelenburg Test: To assess Saphenofemoral or Saphenopopliteal valve reflux
- Three Bandage Test: To assess the site of perforator reflux
- Perthes Test: To assess the patency of the deep venous system

#### Investigations:

- Basic Investigations
- USG Abdomen
- Duplex Scan (Mandatory)

#### Management:

- **Non-Pharmacological Treatment:**
  - Reassurance, elastic compression stockings – 6" elastic compression stockings applied with graduated pressure, foot end elevation.
- **Pharmacological Treatment:**

- Injection Sclerotherapy
- Ultrasound-guided foam sclerotherapy

- **Surgical Treatment:**

- Saphenofemoral junction ligation and greater saphenous stripping with or without incompetent perforator ligation.
- Saphenofemoral junction ligation and lesser saphenous stripping with or without incompetent perforator ligation.
- Split thickness skin grafting for venous ulcer if present.

### 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 details of clinical examination and planned line of treatment
- b. Clinical Photographs
- c. Duplex Scan

#### **II. For Claims Submission**

- a. Detailed Indoor Case Papers (ICP)
- b. Detailed Procedure/Operative notes
- c. Post-Op clinical Photographs
- d. Detailed Discharge Summary

## **PART II: Guidelines for Processing Team**

## **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 Management of Varicose Veins:**

#### **a. At Pre-Authorisation (PPD):**

- i. Was the indication for the surgery mentioned? Yes.
- ii. Was the duplex scan report submitted? Yes.
- iii. Is there evidence of non-surgical/medical management tried but failed? 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. Standard Treatment Guidelines, 2016, Department of Public Health & Family Welfare, Government of Madhya Pradesh.
2. Standard Treatment Guidelines, A Manual for Medical Practitioners, 2010, Health & Family Welfare Department, Government of Tamil Nadu.
3. Standard Treatment Guidelines, A Manual for Medical Therapeutics, First Edition, 2013, Gujarat Medical Services Corporation Limited, Health & Family Welfare Department, Government of Gujarat.