

Guidance document for processing PM-JAY packages

Undescended testis

Procedures covered: 5

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Undescended Testis surgery	Bilateral - Palpable + Nonpalpable	S1400005	SS019A	15,000
	Bilateral Palpable	S1400006	SS019B	15,000
	Bilateral Non - Palpable	S1400007	SS019C	20,000
	Unilateral - Palpable	S1400009	SS019D	15,000
	Reexploration / Second Stage	S1400008	SS019E	20,000

ALOS: 3-5 Days

Minimum qualification of the treating doctor:

Essential: MCh/ equivalent (in Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Undescended testis**, 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 Pediatric surgery guidelines from Mahatma Phule Jeevandayee Arogya Yojana, Gov. of Maharashtra are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 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:

Cryptorchidism is the most common congenital abnormality of the genitourinary tract in boys. A testis that is not within the scrotum and does not descend spontaneously into the scrotum by four months of age (or corrected age for premature infants) is a cryptorchid testis. Most cryptorchid testes are undescended, but some are absent (due to agenesis or atrophy). True undescended testes have stopped short along their normal path of descent into the scrotum. They may remain in the abdominal cavity or they may be palpable in the inguinal canal (intracanalicular) or just outside the external ring (suprascrotal).

Proceed with Undescended testis surgery only if diagnosis made is backed by clinical manifestation:

Clinical Manifestation:

- Empty and hypoplastic or poorly rugated scrotum or hemiscrotum (Not seeing or feeling a testicle where you would expect it to be in the scrotum is the main sign of an undescended testicle)
- Inguinal fullness may be present

Diagnostic approach:

- The evaluation of cryptorchidism typically includes history and physical examination. Imaging and laboratory studies are not routinely warranted but may be necessary to exclude associated conditions
- Unlike retractile testes, palpable undescended testes cannot be milked into a normal scrotal position and/or will not remain in a normal scrotal position if the cremasteric reflex is overcome.
- Palpable undescended testes are differentiated from ectopic testes by their position (intracanalicular or suprascrotal versus suprapubic, femoral canal, perineum, or contralateral scrotal compartment).
- The major diagnostic considerations for a unilaterally nonpalpable testis include true undescended testis, absent testis, and ectopic testis. Surgical exploration is usually necessary to distinguish among these possibilities.
- The major diagnostic considerations for bilaterally nonpalpable testes include disorders of sex development (DSDs), true undescended testes, anorchia, and bilateral testicular atrophy. The diagnostic evaluation differs depending on age.

Determining the preoperative location of the testis, aids in planning the surgical approach. A careful bimanual examination is necessary for boys with a undescended testis.

Procedures:

Palpable testes:

Orchiopexy — Orchiopexy is a well-established surgical procedure for repositioning undescended or ectopic testes that are palpable.

Nonpalpable testes:

Exploratory surgery — Exploratory surgery for the nonpalpable testis is diagnostic and potentially therapeutic.

Two surgical approaches are used in the management of boys with nonpalpable testes: the open inguinal approach and the laparoscopic approach. The laparoscopic approach usually is undertaken if the surgeon has laparoscopic expertise. Laparoscopy is both a diagnostic and therapeutic procedure.

1.4 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	Undescended testes
i. At the time of Pre-authorization	
Clinical notes	Yes
USG abdomen and pelvis	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. Clinical notes - detailed history, signs & symptoms, indication for procedure?
- b. Ultrasound abdomen and pelvis report submitted?
- c. Intra-operative photograph?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Are the detailed ICPs with daily vitals and line of treatment?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Did the Intra operative photograph revealed type of procedure performed for indication of palpable/non palpable and unilateral/bilateral?

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:

- a. Whether clinical / Ultrasound abdomen and pelvis revealed empty scrotum? Yes

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

References

1. Standard treatment guidelines, Department of Public Health and Family Welfare, Madhya Pradesh https://mpphscl.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875_0_STG-2016.pdf
2. Clinical protocol guidelines. Mahatma Jyotiba Phule Jan Arogya Yojana. Maharashtra https://www.jeevandayee.gov.in/MJPJAY/RGJAYDocuments/PEDIATRIC_SURGERY.pdf
3. <https://reader.elsevier.com/reader/sd/pii/S1879522612000814?token=3CAF242133B6E1B607A356707B41CE30CBE2F8E604D74307EFE712410E63B801B1657EB25C8BC605C9F14DFF3508EE1D>
4. Christopher S Cooper, Steven G Docimo. Undescended testes (cryptorchidism) in children: Clinical features and evaluation; Management – UpToDate. (last updated: April, 2019; April,2020)