



Guidance document for processing PM-JAY packages

Bilateral Orchidectomy for hormone ablation

Procedures covered:1

Specialty: Urology, Surgical Oncology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Bilateral Orchidectomy for hormone ablation	Bilateral Orchidectomy for hormone ablation	S700141	SU087A	10,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology/ Surgical Oncology)

Desirable: MCh/Equivalent (in Urology /Surgical Oncology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Bilateral Orchidectomy for hormone ablation**, 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:

Bilateral orchidectomy, or surgical castration, is a surgery to remove both testicles. It is a treatment option for locally advanced and metastatic prostate cancer and aims to stop the production of androgens. **Hormonal therapy** is the standard treatment for metastatic

prostatic carcinoma. The conventional surgical or medical androgen ablation therapy seems to have a similar response.

Indications:

- Cancer of testes, Prostate cancer (Hormone dependent), Trauma or Torsion of testes.
- Other conditions like Male breast cancer
- Undescended testis (To prevent cancer development)

Management:

- **Simple Orchidectomy:** Usually done bilaterally to halt the production of testosterone in cancers.
- **Subcapsular Orchidectomy:** Is performed to treat hormone-dependent prostate cancer. The capsule of the testes is left behind to maintain the Shape of the Scrotum.
- **Radical orchidectomy:** Removal of the testis and the spermatic cord.
- Eliminating testosterone from the blood stream of a prostate cancer patient will provide a period of disease remission.
- **Androgen Ablation:**
 - Hormone ablation is not a curative treatment, as the cancer eventually begins to grow without testosterone.
 - The current use of androgen ablation therapy in prostate cancer includes treatment based on serum prostate-specific antigen (PSA) only or local recurrence; neoadjuvant or adjuvant treatment of high-risk disease, usually in combination with radiation therapy; and treatment of patients with metastatic disease regardless of symptoms.
 - Treatment designed to suppress or block the production of male hormones. this can be achieved by surgical removal of the testicles and other methods.
 - The goal of androgen ablation is to identify those agents that will most consistently achieve and maintain the lowest testosterone levels possible.

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	Bilateral Orchidectomy for hormone ablation
i. At the time of Pre-authorization	
a. Clinical Notes confirming diagnosis and need for surgery submitted?	Yes
b. CT/MRI +/- FNAC/Biopsy report	Yes
ii. At the time of claim submission	

a. Detailed indoor case papers	Yes
b. Detailed Procedure / operation notes	Yes
c. Histopathology report (Optional)	Yes
d. 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:

Mandatory document	Bilateral Orchidectomy for hormone ablation
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. <i>Detailed Clinical notes</i> – all vitals, detailed history especially previous surgery, symptoms, signs, physical examination including local examination, indication for procedure, advise for admission, and planned line of treatment?	Yes
b. CT/MRI +/- FNAC/Biopsy report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed ICPs with daily vitals and treatment details available?	Yes
b. Are the detailed procedure / Operative Notes available?	Yes
c. Was the Histopathology report submitted? (Optional)	Yes
d. Is the Discharge summary with follow-up advise at the time of discharge?	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:



- I. Was CT/MRI/ +/- FNAC/Biopsy report indicative of surgery? Yes

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

References:

1. Leewansangtong, Sunai, and Suchai Soontrapa. "Hormonal ablation therapy for metastatic prostatic carcinoma: a review." Journal of the Medical Association of Thailand= Chotmaihet Thangphaet 82.2 (1999): 192-205.
2. Gomella, Leonard G. "Effective testosterone suppression for prostate cancer: is there a best castration therapy?" Reviews in urology 11.2 (2009): 52.