

Guidance document for processing PM-JAY packages

Circumcision - Lesion or any other clinical condition

Procedures covered: 1

Specialty: General Surgery/Pediatric Surgery/Urology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Circumcision	Circumcision – Lesion or any other clinical condition*	New Package	SG104A	7,000

* This STG does not include circumcision as a preventive procedure and religious circumcision.

ALOS (In days): 1 day

Minimum qualification of the treating doctor:

Essential: MS/DNB/equivalent (Gen Surgery); DNB/MCh/equivalent (Pediatric surgery); DNB/MCh/equivalent (Urology)

Special empanelment criteria/linkage to empanelment module: Secondary care facilities.

Disclaimer:

For monitoring and administering the claim management process of **Circumcision - Lesion or any other clinical condition** 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:

- **Circumcision** is the surgical removal of the prepuce (foreskin) covering the tip of the penis.

- **Phimosis** is the condition when a prepuce (foreskin) can't be retracted from the tip of the penis because of a narrowed preputial opening. *Physiologic phimosis* occurs naturally in newborn males whereas *Pathologic phimosis* is the inability to retract the foreskin after it was previously retractable or after puberty, usually secondary to distal scarring of the foreskin.
- **Paraphimosis** is the condition when the prepuce (foreskin) is retracted but can't move back up. This is due to entrapment of a retracted foreskin behind the coronal sulcus and is a disease of uncircumcised or partially circumcised males. It can prevent normal blood flow in the penis, and may cause serious problems.
- **Relative Indications for Circumcision-**
 - Phimosis and Paraphimosis.
 - Presence of a long redundant foreskin with or without preputial adhesions.
 - Varying degree of irritation around the genitalia, especially the foreskin.
 - Varying degree of balanitis or balanoposthitis.
 - Suspected penile cancer

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	Circumcision - Lesion or any other clinical condition
i. At the time of Pre-authorization	
a. Clinical notes detailing history.	Yes
b. Admission notes showing vitals and examination findings	Yes
c. Pre procedural photograph demonstrating the lesion (optional with informed consent)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Post procedure photograph (optional with informed consent)	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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 patient's Clinical history and examination indicative of the procedure? Yes
- II. Was the procedure indicated as a preventive measure or for religious reasons? No

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

References:

1. Malone P, Steinbrecher H. Medical aspects of male circumcision. BMJ. 2007 Dec 8;335(7631):1206–9.
2. Phimosis and Paraphimosis: Penis Conditions Overview [Internet]. WebMD. Available from: <https://www.webmd.com/men/phimosis-paraphimosis>.
3. Phimosis and Paraphimosis: Practice Essentials, Epidemiology, Patient Education [Internet]. Available from: <https://emedicine.medscape.com/article/777539-overview>.
4. LANMAN TH. Indications and Contraindications for Circumcision in Children Massachusetts Medical Society; 2010, Available from: <https://www.nejm.org/doi/pdf/10.1056/NEJM192404101901503>