



Guidance Document for Processing PM-JAY Packages

OPERATION FOR HYDROCELE

Package Covered: 02
Speciality: General Surgery / Pediatric 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
Operation for Hydrocele (U/L)	Operation for Hydrocele (U/L)	S100080	SG056A	SG056A	NRP: Rs. 10,000/- Tier 3: Rs. 10,000/- Tier 2: Rs. 11,700/- Tier 1: Rs. 12,500/-
Operation for Hydrocele (B/L)	Operation for Hydrocele (B/L)	S100081	-	SG107A	NRP: Rs. 15,000/- Tier 3: Rs. 15,000/- Tier 2: Rs. 17,600/- Tier 1: Rs. 18,800/-

Average Length of Stay (ALOS): 01 Day

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) (or) MCh/DNB/Equivalent (Pediatric Surgery)

Special Empanelment Criteria / Linkages to Empanelment Module: None

Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Operation of Hydrocele**. 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:

Painless swelling of unilateral or bilateral scrotum

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:

- Clinical Notes with history and examination and planned line of treatment
- Investigations done (Optional)



II. For Claims Submission:

- a. Detailed Operative Notes
- b. Intraoperative clinical photograph
- c. Pre-Anaesthetic Check-up (PAC)
- 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 case of Operation for Hydrocele:

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: Clinical pathways, General Surgery, RSBY, World Bank & FICCI, May 2015