

Guidance document for processing PM-JAY packages

Torsion of Testis

Procedures covered/ count: 1

Specialty: Urology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Torsion of testis	Torsion of testis	New	SU0100A	NRP: 15000 Tier 1: 22500 Tier 2: 21300 Tier 3: 18800

ALOS: 1 day

Minimum qualification of the treating doctor: MCh/DNB (Urology)

Special empanelment criteria/linkage to empanelment module: - Well equipped operation theatre with anaesthesia facility.

Disclaimer:

For monitoring and administering the claim management process of **Torsion of 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 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:

Testicular torsion is a serious emergency medical condition which occurs when a testicle rotates, twisting the spermatic cord that brings blood to the scrotum. The reduced blood flow causes sudden and often severe pain and swelling. If the blood supply is not restored within 6 hours, the testicle may have to be surgically removed. Its most common between the ages 12-18 years, but can occur at any age including pre-natal/ perinatal.

Etiology: Spontaneous, associated with trauma, Bell clapper deformity (congenital abnormality of the processus vaginalis)



Indications

- a. Sudden onset of severe testicular pain not caused by an injury or accident
- b. Swelling on one side of the scrotum that is painful and visible to the eye
- c. Visible lump in the testicle
- d. Almost always affects one testicle, left one is more commonly affected
- e. Nausea, vomiting, lower abdominal and inguinal pain

Diagnosis based on:

- a. Physical examination, symptoms and medical history
- b. Doppler ultrasound of the scrotum
- c. TWIST scoring system. Higher the score, greater the probability that the patient has torsion. This tool comprises of the following- Hard testis – 2; Swelling – 2; Nausea/vomiting – 1; Absent cremasteric reflex – 1; High riding testis - 1

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:

- i. **At the time of pre-authorization:** (Its an emergency medical condition and these documents can be submitted after initiating the treatment)
 - a. Detailed Clinical notes with history, symptoms, signs, examination findings, indication for procedure and advice for admission
 - a. Other investigations (USG doppler of Scrotum)
- ii. **At the time of claims submission:**
 - a. Detailed indoor case papers clearly indicating the need for performing the procedure
 - b. Detailed Procedure/ Operative notes
 - c. Discharge summary with follow-up advice

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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-authorisation processing doctor (PPD) (Its an emergency medical condition and these documents can be submitted after initiating the treatment)

- a. Are detailed Clinical notes – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure and advice for admission available?

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

- a. Are the detailed Indoor Case Papers available?
- b. Are detailed operative notes available with indications for the procedure?
- c. Is discharge summary available with follow-up advice at the time of discharge?

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 the clinical presentation, physical examination ± supporting investigations indicative of procedure? Yes

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

References:

1. Testicular Torsion, May 2022, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/books/NBK448199/>
2. Testicular Torsion, June 2020, WebMD, <https://www.webmd.com/men/what-is-testicular-torsion>
3. Testicular Torsion, Cleveland Clinic, <https://my.clevelandclinic.org/health/diseases/15382-testicular-torsion>