



Guidance document for processing PM-JAY packages

Operation for Hydrocele

Package covered: 1

Specialty: General Surgery / Pediatric surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Operation for Hydrocele	S100080, S100081	SG056A	5,000	1 days

Minimum qualification of the treating/operating doctor:

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

Special empanelment criteria/linkages to empanelment module- None

Disclaimer:

For monitoring and administering the claim management process of **Operation of Hydrocele**, 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. However, this document doesn't provide any guidance on clinical and therapeutic management of patient.

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:

- a. Painless Swelling of unilateral or bilateral scrotum

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

I. For Pre-authorization doctors:

- a. Clinical Notes with indications
- b. Investigations done

II. For Claims Processing doctors:

- a. Intra operative clinical photograph
- b. Detailed operative notes
- c. Pre-anaesthesia check-up report
- d. Detailed discharge summary

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)

- a. Clinical notes clearly indicating need for surgery

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

- a. Are detailed operative notes available with indications for surgery and outcomes of the procedure?
- b. Is discharge summary available with follow-up advise at the time of discharge?
- c. Is intraoperative picture(s) available?
- d. Is pre-anesthesia check-up report available?

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 in cases of hysterectomy:

- a. Was the patient operated for hydrocele on same side in past? No
- b. Clinical photograph of the scrotum showing any evidence for surgery? 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