



## Guidance document for processing PM-JAY packages

### Varicose veins

Procedure covered: 1

Specialty: General Surgery

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Management of Varicose Veins	S100142	SG095A	14,000/-

Including minimal invasive procedures such as Laser, RFA, foam sclerotherapy

ALOS: 3 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB/ equivalent (General Surgery)

Special empanelment criteria/linkage to empanelment module: None

#### Disclaimer:

For monitoring and administering the claim management process of **Varicose veins**, 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:

Varicose veins is the most common vein disorder. Varicose veins are dilated, tortuous veins caused by dilation of normal veins due to increased venous pressure. They are visible surface manifestations of an underlying syndrome of venous insufficiency. They occur in varying severity and in different clinical presentations. 2% of these patients present with skin changes and morbid chronic venous ulcers.

#### Causes

- Hereditary, history of phlebitis



- Female, pregnancy, pelvic tumors
- Prolonged standing
- Varicose veins may also occur secondary to DVT and arteriovenous malformations

**Varicose veins may involve:**

- Greater saphenous vein (GSV)
- Lesser saphenous vein (LSV) with their tributaries
- Perforator veins, which connect them to the deep venous system of the leg
- Combination of the above veins

**Clinical presentation depends upon the severity of the disease:**

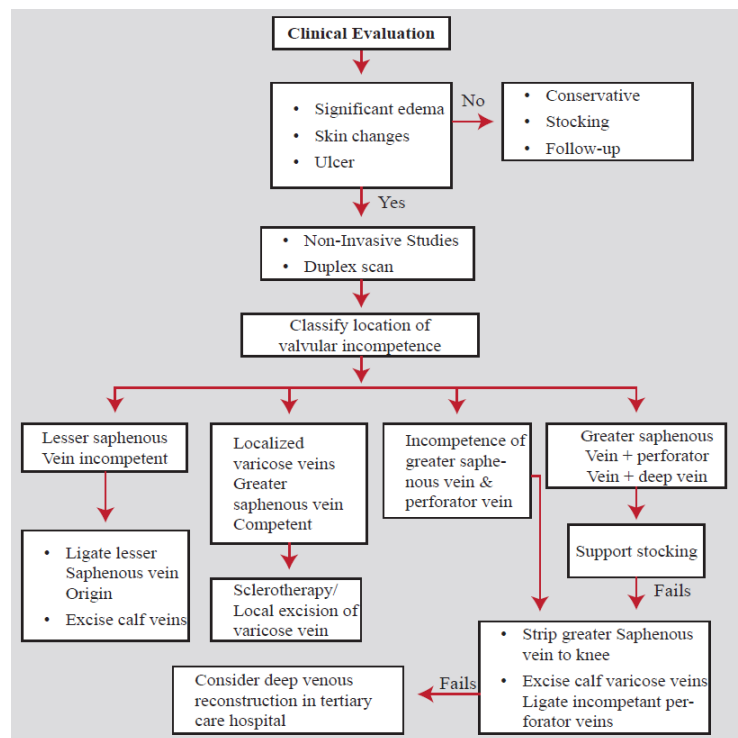
- Aching pain in the leg
- Tiredness
- Discomfort
- Ankle/feet edema, especially after prolonged standing
- Eczema
- Hyperpigmentation
- Lipodermatosclerosis
- Venous ulceration
- Itching
- Bleeding
- Superficial thrombophlebitis

Patients are categorized according to the clinical, etiological, anatomical and pathological (CEAP) status in order to serve as a guide to therapy, and for documentation or follow up purposes.

CEAP Classifications	
<b>C - Clinical</b> No visible signs of venous disease Telangiectasia / reticular veins Varicose veins Edema Skin changes including pigmentation, venous eczema, lipodermatosclerosis Healed ulceration Active ulcer <b>A - Asymptomatic</b> <b>S - Symptomatic</b>	<b>A - Anatomical</b> Distribution Superficial veins Deep veins Perforator veins Alone or in combination
<b>E - Etiological</b> Primary Secondary Congenital	<b>P - Pathophysiological</b> dysfunction Obstruction Reflux Combination of both

Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. Health & Family Welfare Department Government of TamilNadu

## Clinical approach to Varicose veins



Standard Treatment Guidelines. A Manual for Medical Practitioners.2010. Health & Family Welfare Department Government of TamilNadu

Clinical examination is aimed at assessing the presence and anatomical distribution of venous reflux and the patency of deep veins. Tortuous dilated vein in the subcutaneous tissue are indicative of varicose vein. Varicosities in the thigh are indicative of long saphenous incompetence, whereas varicosities of back of leg are suggestive of short saphenous incompetence. Examination of the pulse in both lower limbs is mandatory.

The clinically relevant tests performed at the bedside are:

- Trendelenberg test – To assess Saphenofemoral or Saphenopopliteal valve reflux
- Three bandage test – To assess site of perforator reflux
- Perthes test – To assess patency of deep venous system

### Investigations

- Basic investigations
- USG abdomen
- Duplex scan (mandatory)

### Management

- **Non pharmacological treatment**
  - Reassurance, elastic compression stockings - 6" elastic compression stockings applied with graduated pressure, foot end elevation
- **Pharmacological treatment**
  - Injection sclerotherapy
  - Ultrasound guided foam sclerotherapy
- **Surgical treatment**
  - Saphenofemoral junction ligation and greater saphenous stripping with or without incompetent perforator ligation
  - Saphenopopliteal junction ligation and lesser saphenous stripping with or without incompetent perforator ligation
  - Split thickness skin grafting for venous ulcers, if present

### 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	Varicose veins
<b>i. At the time of Pre-authorization</b>	
Clinical notes with details of clinical examination and planned line of treatment	Yes

Clinical photographs	Yes
Duplex scan	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-op clinical photographs	Yes
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:**

**2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**

- Clinical notes - detailed history, signs & symptoms, examination findings and indication for procedure?
- Duplex scan confirming the diagnosis?

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

- Are the detailed ICPs with daily vitals and line of treatment?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advice at the time of discharge?
- Post-operative photographs submitted?

## **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 (PPD):**

- Was the indication for surgery mentioned? Yes
- Was the duplex scan report submitted? Yes
- Is there an evidence of nonsurgical/ medical management tried but failed? Yes



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

### References:

1. STANDARD TREATMENT GUIDELINES. 2016. Department of Public Health & Family Welfare Madhya Pradesh.  
[https://mppscl.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875\\_0\\_STG-2016.pdf](https://mppscl.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875_0_STG-2016.pdf)
2. Standard Treatment Guidelines. A Manual for Medical Practitioners. 2010. Health & Family Welfare Department Government of Tamil Nadu
3. STANDARD TREATMENT GUIDELINES. A Manual for Medical Therapeutics. First Edition, 2013. Gujarat Medical Services Corporation Limited. Health & Family Welfare Department. Government of Gujarat