



Guidance document for processing PM-JAY packages

Urethrovaginal fistula

Procedure covered: 1

Specialty: Obstetrics & Gynecology/ Urology/ Pediatric Surgery

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|-------------------------------|-------------------------------|--------------|--------------|---------------------|
| Urethrovaginal fistula repair | Urethrovaginal fistula repair | S700087 | SU075A | 30,000 |

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO/Equivalent (in Obstetrics & Gynecology), MCh/DNB/Equivalent (in Urology, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Urethrovaginal Fistula repair**, 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:

A fistula is an abnormal communication between two or more epithelial surfaces.

Causes

- Part or whole of the urethra is involved along with bladder.
- Small isolated urethrovaginal fistula is caused by:

- Injury inflicted during anterior colporrhaphy, urethroplasty, suspension or sling operation for stress incontinence.
- Residual fistula left behind following repair of vesicourethrovaginal fistula.

Clinical presentation

The patient has got urge to pass urine but the urine dribbles out into the vagina during the act of micturition.

Diagnosis

- A sound or a metal catheter passed through the external urethral meatus when comes out through the communicating urethrovaginal opening confirms the diagnosis.
- In cases of confusion in diagnosis with Vesicovaginal fistula or ureterovaginal fistula, three swab test may be employed.

Treatment

- Surgical repair in two layers followed by continuous bladder drainage as outlined in repair of VVF is satisfactory.
- Prior suprapubic or vaginal cystostomy ensures better success.
- In cases of complete destruction of the urethra, reconstruction of urethra is to be performed.

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 | Urethrovaginal fistula repair |
|---|-------------------------------|
| i. At the time of Pre-authorization | |
| Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission | Yes |
| USG pelvis/abdomen | Yes |
| Three swab test | Yes |
| Optional Cystoscopy Vaginoscopy | Yes |
| Planned line of treatment | Yes |
| ii. At the time of claim submission | |
| Detailed indoor case papers | Yes |
| Investigation reports (If required) | Yes |
| Detailed procedure/operative notes | Yes |
| Post-operative photographs (optional) | 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):

- a. *Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- b. Did clinical presentation and investigation/imaging confirm the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was investigation/imaging indicative of surgery?

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 and investigation/imaging indicative of surgery? Yes

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

References:

1. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.