

Guidance document for processing PM-JAY packages

Internal Urethrotomy including cystoscopy

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Internal Urethrotomy including cystoscopy as an independent procedure	Internal Urethrotomy including cystoscopy as an independent procedure	S700043, S700123	SU025A	10,000

ALOS (In days): 1 Day

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology)

Desirable: MCh/Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: Care at tertiary hospital

Disclaimer:

For monitoring and administering the claim management process of **Internal Urethrotomy including cystoscopy as an independent procedure**, 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:

Internal urethrotomy, is a surgical procedure used to treat urethral stricture disease, involves using a urethrotomy or a surgical knife passed through a cystoscope to widen a narrowed urethra. Urethrotomies are generally only performed on men, as urethral strictures in women are very, very rare.

Indications:

- Strictures, Urethral trauma, Fistulae or false passages, Periurethral/prostatic abscess, Urinary tract infections, Functional disorders of bladder and Urethra

Diagnosis: Urethrography: radiographic study of the urethra using iodinated contrast media.

- Retrograde urethrography (RGU): Micturating cystourethrography (MCU), Uroflowmetry, Urine Analysis test, Urethral Xray/USG, Post residual (PVR) volume

Management:

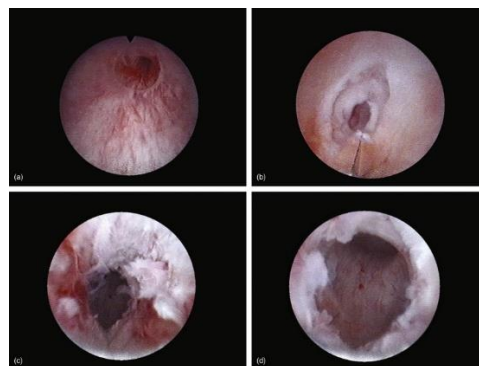
Direct Visual Internal Urethrotomy (DVIU) is appealing for urologists and patients because of its performance, minimal resource requirements and easiness in not requiring expertise in urethral reconstruction.

The procedure involves Inserting a cystoscope into the urethra, and the surgical instruments inserted through the cystoscope into the urethra removes the stricture/vaporize it with a laser.

- Minimally invasive method - Direct Visual Internal Urethrotomy (DVIU)
- Open reconstructive urethroplasty:

Cystoscopy:

- The cystoscope is then guided into the bladder through the urethra. The bladder is slowly filled with fluid to better visualize the entire lining. This will mimic the feeling of having a full bladder; however, patients who are awake during the procedure generally do not experience pain.



Petrişor Geavlete et.al. 2016

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	Internal Urethrotomy including cystoscopy as an independent procedure
i. At the time of Pre-authorization	
a. Clinical Notes detailing the signs and symptoms and need for surgery	Yes
b. Retrograde Urethrogram/ Micturating Cystourethrography reports confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Endoscopic Intra procedure still photograph	Yes
d. 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:

Mandatory document	Internal Urethrotomy including cystoscopy as an independent procedure
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes including history, symptoms, signs, vitals, examination findings, planned line of treatment and advice for admission?	Yes
b. Was the Retrograde Urethrogram/ Micturating Cystourethrography report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers submitted?	Yes
b. Are the detailed procedure / Operative Notes submitted?	Yes

c. Was the Endoscopic Intra procedure still photograph submitted?	Yes
d. Is the Discharge summary with follow-up advise at the time of discharge?	Yes

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:

- I. Was the clinical notes and Retrograde Urethrograph/ Micturating Cystourethrography indicative of procedure? Yes

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

References:

1. Pal, Dilip Kumar, Sanjay Kumar, and Bastab Ghosh. "Direct visual internal urethrotomy: Is it a durable treatment option?" Urology Annals 9.1 (2017): 18.
2. Dubey, Deepak. "The current role of direct vision internal urethrotomy and self-catheterization for anterior urethral strictures." Indian Journal of Urology: IJU: Journal of the Urological Society of India 27.3 (2011): 392.
3. Geavlete, Petrisor Aurelian, ed. Endoscopic Diagnosis and Treatment in Urethral Pathology: Handbook of Endourology. Academic Press, 2015.
4. Tritschler, Stefan, et al. "Urethral stricture: etiology, investigation and treatments." Deutsches Ärzteblatt International 110.13 (2013): 220.