



Guidance document for processing PM-JAY packages

Perineal Urethrostomy without closure

Procedures covered: 1

Specialty: Urology, Pediatric surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Perineal Urethrostomy without closure	Perineal Urethrostomy without closure	S700119	SU069A	20,000

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology, Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: Tertiary care facilities

Disclaimer:

For monitoring and administering the claim management process of **Perineal Urethrostomy without closure**, 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:

Perineal Urethrostomy (PU):

Perineal urethrotomy is a surgical procedure usually performed for temporary urine diversion in patients with obstructive urinary outflow disease.

- Creating a permanent opening into the urethra through an incision in the skin of the perineum.
- Is the best option to restore urethral patency in case of urethral stricture disease.

- PU allows the patient to resume normal voiding and is generally assumed to be the last option before abandoning the urethral outlet.

Indications:

- Recurrent urethral strictures
- Satisfactory solution, especially in the elderly.
- Also needed after urethrectomy and/or penectomy.
- Patients require chronic urinary diversion.
- Squamous cell carcinoma of penis
- Hypospadias
- Failure of previous reconstructive procedures, such as urethroplasty

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	Perineal Urethrostomy without closure
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Retrograde urethrography (RGU)/ Micturating Cysto-urethrogram (MCU) confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
a. Intra operative clinical photograph	Yes
b. Detailed procedure / operative Notes	Yes
c. 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	Perineal Urethrostomy without closure
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the Supporting Evidence for the surgery, Retrograde urethrography (RGU)/ Micturating Cysto-urethrogram (MCU) reports submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes
b. Was the Intra operative clinical Photograph submitted?	Yes
c. Was the Detailed Procedure / Operative Notes submitted?	Yes
d. Was the Detailed discharge summary submitted?	Yes

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 notes and Retrograde urethrography (RGU) / Micturating Cysto-urethrogram (MCU) indicative of procedure? Yes

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

References:

1. Lumen, Nicolaas, et al. "Perineal urethrostomy: Surgical and functional evaluation of two techniques." BioMed research international 2015 (2015).
2. Gakis, Georgios, et al. "EAU guidelines on primary urethral carcinoma." European urology 64.5 (2013): 823-830.