

## Guidance document for processing PM-JAY packages

### Urethrorectal fistula repair

**Procedures covered: 1**

**Specialty: Urology, Pediatric surgery**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Urethrorectal fistula repair	Urethrorectal fistula repair	S700120	SU076A	40,000

**ALOS: 4 Days**

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB/ equivalent (in Urology, Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** Tertiary care facility

#### Disclaimer:

For monitoring and administering the claim management process of **Urethrorectal 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 the ICMR poster and 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:**

- Pneumaturia
- Faecaluria
- Previous history of prostate surgery in males
- Past history of pelvic radiotherapy
- Urinary infection
- Fever

## g. Potential Sepsis

### 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:

Mandatory document	Urethrorectal fistula repair
<b>i. At the time of Pre-authorisation</b>	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. Cystoscopy + Sigmoidoscopy report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers (ICPs)	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-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):**

- Was detailed Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure are submitted?
- Was the Cystoscopy + Sigmoidoscopy report submitted?

**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 advise at the time of discharge?

## **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. Does the patient present with pneumaturia and/or faecaluria and the passage of urine through the anus? Yes
- II. Was there any evidence of Cystoscopy + Sigmoidoscopy suggestive of urethrorectal fistula? Yes

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

**Reference:**

1. <https://medcraveonline.com/UNOAJ/treatment-of-recto-ndash-urethral-fistula-state-of-the-art-in-brief.html>
2. <https://www.elsevier.es/en-revista-cirugia-espanola-english-edition--436-articulo-acquired-recto-uretral-fistulas-etio-pathogenesis-diagnosis-S2173507715000344>