



Guidance document for processing PM-JAY packages

Excision of Urethral Caruncle

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Excision of Urethral Caruncle	Excision of Urethral Caruncle	S700110	SU074A	5,000

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MCh/DNB equivalent in Urology

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

Disclaimer:

For monitoring and administering the claim management process of **Excision of Urethral Caruncle** for 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:

Proceed with Excision of Urethral Caruncle only if diagnosis made is backed by clinical manifestation:

Urethral caruncle (UC) is a benign fleshy outgrowth at the urethral meatus. A small single quadrant urethral prolapse typically affecting the posterior urethral meatus. They are purple or red in colour, exophytic protrusions of oedematous mucosa which can be friable. They can become thrombosed or may look purple or black

Patients may be asymptomatic and could find this as an incidental finding or they may present with symptoms such as

- Dysuria
- Bleeding per vagina
- Hematuria
- A mass protruding through vagina
- Acute retention of urine

Indications: Surgical intervention may be indicated for patients with larger symptomatic lesions and for those with uncertain diagnoses. Excisional biopsy include the following:

- Induration
- Failure to respond to conservative therapy
- Atypical appearance
- Growth over time

Management: Cystourethroscopy should be performed, to exclude bladder and urethral abnormalities. Also rule out other pathologies i.e. carcinoma, diverticulum, abscess etc.

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	Excision of Urethral Caruncle
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. Cystourethroscopy report (if applicable)	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Operative/procedure notes	Yes
c. Histopathology examination report	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 documents	Excision of Urethral Caruncle
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes
b. Was the Cystourethroscopy report (if applicable) submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed Indoor case papers submitted?	Yes
b. Were the detailed Operative notes / procedure notes submitted?	Yes
c. Was the Histopathology examination report submitted?	Yes
d. Was the Detailed Discharge Summary with all the details 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:**

1. Was the clinical finding, indications , plan of treatment and Cystourethroscopy report (in applicable cases) indicative of procedure? Yes

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

References:

1. [https://www.urologyhealth.org/urologic-conditions/benign-\(not-cancerous\)-urethral-lesions](https://www.urologyhealth.org/urologic-conditions/benign-(not-cancerous)-urethral-lesions)
2. <https://www.urologynews.uk.com/features/synopsis/post/a-review-of-the-diagnosis-and-management-of-urethral-caruncles>
3. <https://www.science.gov/topicpages/a/asymptomatic+urethral+caruncle.html>