



## Guidance document for processing PM-JAY packages

### VVF Repair - Follow Up

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
VVF Repair Follow Up	VVF Repair Follow Up	New Package	SU059A	1,500

**ALOS (in Days):** NA

**Minimum qualification of the treating doctor:**

**Desirable:** MCh / DNB or equivalent in (Urology)

**Special empanelment criteria/linkage to empanelment module:** Tertiary Care facilities

#### Disclaimer:

For monitoring and administering the claim management process of **VVF Repair - Follow Up** 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:**

##### **VVF Repair:**

- VVF is a major cause of concern and Simple fistulas are usually small in size ( $\leq 0.5\text{cm}$ ) and are present as single non radiated fistulas. Complex fistulas include previously failed fistula repairs or large-sized ( $\geq 2.5\text{ cm}$ ) fistulas, more often a result of chronic diseases.
- VVFs causes continual wetness, Odor, and discomfort cause serious social problems VVF repair is a subtype of female urogenital fistula (UGF).
- VVF is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vaginal vault.



- d. Guidelines to follow intraoperatively to minimize VVF formation are followed during VVF Repair surgery.

**The postoperative management is of vital importance. Follow-up visit: Usually after a week of the VVF repair surgery.**

- The bladder should remain catheterized for 2–3 weeks after repair.
- Follow-up the post-operative advice given to patient i.e. Minimizing Valsalva maneuvers and examine any infection and progress post-surgery. the key to postoperative management is the maintenance of a dry, uninfected suture line.
- Post-operative precautions to avoid damage due to delicate tissue.
- The urethral catheter may be discontinued on the fifth to seventh day. If vesical integrity is noted 2 weeks later on a cystogram, the suprapubic catheter may be removed.
- Surgeries to repair pelvic radiotherapy associated VVFs require longer periods of drainage.

### **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:

<b>Mandatory document</b>	<b>VVF Repair - Follow Up</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes of current visit detailed history, signs & symptoms, indication for follow-up procedure	Yes
b. Discharge Summary of last admission for VVF repair surgery	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed clinical notes of current visit and treatment given.	Yes
b. Post procedure USG / UFM / Urine Routine report	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:**

<b>Mandatory documents</b>	<b>VVF Repair - Follow Up</b>
<b>At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	

a. Clinical notes of current visit with detailed history, signs & symptoms, indication for follow-up procedure submitted?	Yes
b. Was the Discharge Summary of last admission for VVF repair surgery submitted?	Yes
<b>At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed clinical notes of the current visit and treatment given submitted?	Yes
b. Was the Post procedure USG / UFM / Urine Routine report 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:**

VVF Repair - Follow Up:

- I. Was the clinical notes and discharge summary of last admission for VVF Repair surgery indicative of follow-up procedure? Yes

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

#### **References:**

1. <https://emedicine.medscape.com/article/267943-overview#a7>
2. Tancer ML. Observations on prevention and management of vesicovaginal fistula after total hysterectomy. Surg Gynecol Obstet. 1992 Dec. 175(6):501-6.
3. Zimmern PE, Hadley HR, Staskin D. Genitourinary fistulas: vaginal approach for repair of vesicovaginal fistulas. Clin Obstet Gynaecol. 1985 Jun. 12(2):403-13.
4. Stamatakis, Michael, et al. "Vesicovaginal fistula: diagnosis and management." Indian Journal of Surgery 76.2 (2014): 131-136.