



## Guidance document for processing PM-JAY packages

### Vesicovaginal fistula

**Procedure covered: 1**

**Specialty:** Obstetrics & Gynecology/ Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Vaginal repair for vesico-vaginal fistula	Vaginal repair for vesico-vaginal fistula	S400011	SO032A	34,000

**ALOS:** 5 days

**Minimum qualification of the treating doctor:**

**Essential:** MS/MD/DNB/DGO/Equivalent (in Obstetrics & Gynecology); MCh/DNB/Equivalent (in Urology)

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

**Disclaimer:**

For monitoring and administering the claim management process of **Vaginal repair for vesico-vaginal fistula**, 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:**

In Vesicovaginal fistula (VVF), there is a communication between the bladder and the vagina and the urine escapes into the vagina causing true incontinence. This is the commonest type of genitourinary fistula.

**Causes:**



- Obstetrical
  - Ischemic
  - Traumatic
- Gynecological
  - Operative injury
  - Traumatic
  - Malignancy
  - Radiation
  - Infective

### Types

Fistula may be classified as:

- (i) Simple (Healthy tissues with good access)
- (ii) Complicated (tissue loss, scarring, difficult access, associated with Rectovaginal Fistula).

### Clinical presentation

- Continuous escape of urine per vaginum (true incontinence) is the classic symptom
- There is associated pruritus vulvae

### Management

- Transvaginal repair is the preferred method of repair in most of the cases
- Latzko technique for repair of uncomplicated post hysterectomy VVF
- Interposition grafts can be used for tissue bulk and as a source of neovascularity
- The abdominal approach (especially O'Connor technique) should be reserved for situations in which access to the fistula is limited

### 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	Vaginal repair for vesico-vaginal fistula
<b>i. At the time of Pre-authorization</b>	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Cystoscopy/Cystourethroscopy	Yes
Complete Urine Examination (CUE)	Yes
<b>Optional</b>	Yes
USG Abdomen/pelvis	
Voiding Cystourethrogram	

Three-swab test	
Dye test	
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Investigation reports (If required)	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
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:**

**2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**

- Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- Did clinical presentation and/or imaging confirm the diagnosis?

**2.2.2 At the time of claim processing- For claims processing doctor (CPD)**

- Are the detailed ICPs with daily vitals and treatment details provided?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge submitted?
- Was the clinical presentation indicative of surgery?

## **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 presentation, physical examination, and/or imaging indicative of surgery? Yes

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

**References:**

1. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.
2. John A. Rock, Howard W. Jones III. Te Linde's Operative Gynecology. Tenth Edition. 2008. Lippincott Williams & Wilkins