

Guidance document for processing PM-JAY packages

Urethral Dilatation, Urethroplasty & Follow Up

Procedures covered: 7

Specialty: Urology/ Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Urethroplasty	Urethroplasty - End to end	S700114, S700118	SU066A	28,000	2
Urethroplasty	Urethroplasty - Substitution - single stage	S700115	SU066B	28,000	4
Urethroplasty	Urethroplasty - Substitution - two stage	S700116	SU066C	41,500	4
Urethroplasty	Urethroplasty - Transpubic	S700117	SU066D	32,000	4
Urethroplasty Follow Up	Urethroplasty Follow Up	New Package	SU067A	1,000	NA
Urethral Dilatation	Non endoscopic as an independent procedure	S700121	SU068A	2,000	1
Urethral Dilatation	Endoscopic as an independent procedure	S700122	SU068B	5,000	1

Minimum qualification of the treating doctor:

Desirable: MS/DNB/ Equivalent (in Urology/ Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Care at tertiary level facilities

Disclaimer:

For monitoring and administering the claim management process of **Urethral Dilatation, Urethroplasty & 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:

- **Urethral dilation** is a process where the urethra or the meatus (external opening) are stretched under local or general anesthetic.
- **Urethroplasty** is a surgical approach for the management of urethral stricture disease. It may also involve reconstruction of the surrounding tissues.
- Open surgical urethral reconstruction is the gold standard treatment for urethral stricture disease.
- **Urethroplasty- Follow up:** Is very important because most Urethral strictures recur with in first year or two after surgery. Within 3 months of initial surgery, patients have their urinary flow checked and under a cystoscopy to check the re-scarring. At this stage patients usually advised to come for a follow up after 12 months. Uroflowmetry play a key role in the follow-up of these patients.

Indications:

- A stricture of the urethra.
- Occasionally dilatation is done prior to the passage of a large instrument such as a lithotrite or resectoscope through the urethra.
- Urethral strictures.
- Pelvic fracture urethral injury (PFUI)

Procedure:

- Urethral dilation: **Non-Endoscopic procedure & Endoscopic procedure**
- Urethroplasty procedures are varied and depend upon the location, cause, and length of the stricture.
- A major barrier in urethral monitoring after urethroplasty is that there is also no consensus regarding the definition of urethroplasty success or failure.
- **Follow up:** Some non-invasive testing includes:
 - **Uroflowmetry** is a very common procedure performed in urologic clinics. provides quantitative data such as maximum and average flow rates in mL/second, voiding curves, and voided volume in mL
 - **Ultrasound post-void residual (PVR):** Provides objective data regarding bladder emptying, an elevated PVR correlates with obstructive voiding.

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	Urethroplasty	Urethral Dilatation	Urethroplasty Follow Up
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i. At the time of Pre-authorization			
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes	Yes	No
b. Anterograde urethrography/Retrograde urethrography (RGU)/Micturating cystourethrography (MCU)	Yes	Yes	No
c. Discharge Summary of last Urethroplasty performed submitted?	No	No	Yes
ii. At the time of claim submission			
a. Detailed Indoor case papers (ICPs)	Yes	Yes	No
b. Detailed procedure / Operative notes	Yes	No	No
c. Detailed clinical notes of the current visit submitted?	No	No	Yes
d. Intra procedure clinical photograph	Yes	No	No
e. Post procedure USG/ Uroflowmetry report	No	No	Yes
f. Detailed procedure / operative notes detailing size of dilators used	No	Yes	No
g. Detailed discharge summary	Yes	Yes	No

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	Urethroplasty	Urethral Dilatation	Urethroplasty Follow Up
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)			
a. Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure submitted?	Yes	Yes	Yes

b. Did the Anterograde urethrography/ Retrograde urethrography (RGU) / Micturating cystourethrography (MCU) Investigation reports submitted?	Yes	Yes	No
c. Was Discharge Summary of last Urethroplasty performed submitted?	No	No	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	Yes	No
b. Are the detailed procedure / Operative Notes submitted?	Yes	No	No
c. Are the detailed procedure / operative notes detailing size of dilators used?	No	Yes	No
d. Are the detailed clinical notes of the current visit submitted?	No	No	Yes
e. Intra procedure clinical photograph submitted?	Yes	No	No
f. Post procedure USG/ Uroflowmetry report submitted?	No	No	Yes
g. Is the Discharge summary submitted?	Yes	Yes	No

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 Anterograde urethrography/Retrograde urethrography (RGU)/Micturating cystourethrography (MCU) report indicative of procedure (Urethroplasty, Urethral dilatation)? Yes

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

References:

1. Warren, Gareth J., and Bradley A. Erickson. "The role of noninvasive testing and questionnaires in urethroplasty follow-up." Translational andrology and urology 3.2 (2014): 221.



2. <http://www.turnsresearch.org/library-article/urethroplasty>
3. Liberman, Daniel, et al. "Evaluation of the outcomes after posterior urethroplasty." Arab Journal of Urology 13.1 (2015): 53-56.