



Guidance document for processing PM-JAY packages

Penectomy, Penile prosthesis insertion (For Benign Condition)

Procedures covered: 3

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Penectomy	Partial Penectomy	S700133	SU082A	15,000
Penectomy	Total Penectomy + Perineal Urethrostomy	S700134	SU082B	25,000
Penile prosthesis insertion	Penile prosthesis insertion	S700152	SU085A	35,000+ Cost of Implant

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: 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 **Penectomy / Penile prosthesis insertion**, 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:

- Proliferative lesion involving penis
- Recurrent Infection
- Ulcer that might bleed
- A reddish and velvet rash

Indications:

1. Benign/carcinoma
2. Fournier gangrene which includes complications due to Diabetes.

Diagnosis: Biopsy report

Management:

- Penectomy involves removal of whole penis or partial.
- In total penectomy removal of penis, urethra and penile root further the surgeon creates a new urinary opening in the perineum.
- Partial penectomy procedure involve removal of end of penis and shaft of penis is intact.

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	Penectomy	Penile prosthesis insertion
i. At the time of Pre-authorisation		
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes	Yes
b. Biopsy report	Yes	NA
c. Previous history of penectomy done	NA	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers	Yes	Yes
b. Detailed Procedure / operative notes	Yes	Yes
c. Barcode/invoice of the implant used	NA	Yes
d. Specimen submitted for Histopathology report	Yes	NA
e. Detailed discharge summary	Yes	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 document	Penectomy	Penile prosthesis insertion
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):		
a. Was the a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure submitted?	Yes	Yes
b. Was the histopathological report submitted?	Yes	NA
c. Was the Previous history of penectomy done submitted?	NA	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):		
a. Are the detailed Indoor case papers with daily vitals and line of treatment?	Yes	Yes
b. Are the detailed procedure / Operative Notes available?	Yes	Yes
c. Was the receipt for specimen submitted for Histopathology for penectomy procedure?	Yes	NA
d. Was the barcode/invoice of the implant submitted for Penile prosthesis insertion procedure if done?	NA	Yes
e. Is the Discharge summary with follow-up advise at the time of discharge?	Yes	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:

- I. Does the patient presented with proliferative lesion involving penis, Recurrent infection, bleeding? (For penectomy) Yes
- II. Clinical notes and previous history of penectomy indicative of procedure? (For Penile prosthesis insertion)? Yes

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

References:

1. Total penectomy / partial penectomy, Surgical oncology guideline, Maharashtra government.
2. <https://www.aiims.edu/aiims/notices/Manual%20of%20Urologic%20Malignancies%20final.pdf>

