



Guidance document for processing PM-JAY packages

Surgery for Priapism

Procedures covered: 2

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Surgery for Priapism	Aspiration	S700153	SU083A	15,000
Surgery for Priapism	Shunt	S700153	SU083B	15,000

ALOS: 2 (Follow up-Daycare procedure)

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Surgery for Priapism** 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 **Surgery for Priapism** only if diagnosis made is backed by clinical manifestation

Ischemic priapism:

- Progressive penile pain
- Erection lasting more than four hours or unrelated to sexual interest or stimulation



- Rigid penile shaft, but the tip of penis (glans) is soft

Nonischemic priapism:

- Erection lasting more than four hours or unrelated to sexual interest or stimulation
- Erect but not fully rigid penile shaft

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	Surgery for Priapism
i. At the time of Pre-authorization	
a. Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, planned line of treatment and advise for procedure.	Yes
b. Color doppler USG of the penis and perineum report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative notes	Yes
c. Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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	Surgery for Priapism
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, planned line of treatment and advice for the procedure submitted?	Yes

b. Was the Doppler USG of the penis and perineum report submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers submitted?	Yes
b. Was the Detailed Procedure/Operative notes submitted?	Yes
c. Was the Detailed discharge summary 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:**

Surgery for Priapism:

- I. Was the Doppler USG of the penis suggestive of the absence of blood flow to Penis? Yes

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

References:

1. <https://www.mayoclinic.org/diseases-conditions/priapism/diagnosis-treatment/drc-20352010>
2. <https://uroweb.org/wp-content/uploads/15- Priapism LR.pdf>
3. <https://www.baus.org.uk/userfiles/pages/files/professionals/sections/Priapism.pdf>
4. [https://www.europeanurology.com/article/S0302-2838\(13\)01205-0/pdf](https://www.europeanurology.com/article/S0302-2838(13)01205-0/pdf)