



## Guidance document for processing PM-JAY packages

### Meatotomy / Meatoplasty

Procedures covered: 2

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Meatotomy / Meatoplasty	Meatotomy	S700112	SU065A	3,500
Meatotomy / Meatoplasty	Meatoplasty	S700111	SU065B	3,500

**ALOS:** 1 Day

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB/Equivalent (in Urology, pediatric surgery)

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

**Disclaimer:**

For monitoring and administering the claim management process of **Meatotomy, Meatoplasty**, 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 the ICMR poster and 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:**

- Pain or burning while urinating
- Getting sudden urges of urinate
- Needing to urinate often
- A urinary stream that sprays
- A small drop of blood at the tip of the penis when finished urinating



### 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	Meatotomy Meatoplasty
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. Retrograde urethrography/ Voiding cystourethrogram report	Yes
<b>ii. At the time of claim submission</b>	
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-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	Meatotomy Meatoplasty
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes
b. Was the Retrograde urethrography/ Voiding cystourethrogram report submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
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:**

1. Was there any evidence of meatal stenosis or narrowing of meatus in retrograde urethrography? Yes

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

**References:**

1. [https://www.usi.org.in/New/Spe\\_pdf/USI%20Stricture%20Guidelines%20-Dec%202018%20.pdf](https://www.usi.org.in/New/Spe_pdf/USI%20Stricture%20Guidelines%20-Dec%202018%20.pdf)
2. <https://www.urologyhealth.org/urologic-conditions/meatal-stenosis>