



Guidance document for processing PM-JAY packages

Uretero-vaginal / Uterine fistula repair

Procedures covered: 4

Specialty: Urology, Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Uretero-vaginal / Uterine fistula repair	Uretero - vaginal fistula repair - Open	S700048	SU029A	25,000	3
Uretero-vaginal / Uterine fistula repair	Uretero - Uterine fistula repair - Open	S700048	SU029B	25,000	3
Uretero-vaginal / Uterine fistula repair	Uretero - vaginal fistula repair - Laparoscopic	S700049	SU029C	25,000	2
Uretero-vaginal / Uterine fistula repair	Uretero - Uterine fistula repair - Laparoscopic	S700049	SU029D	25,000	2

Minimum qualification of the treating doctor:

Essential: MCh / DNB equivalent in (Urology); MS/PG Diploma in (Obstetrics & Gynecology)

Special empanelment criteria/linkage to empanelment module: Tertiary care and Laparoscopic surgery facility availability.

Disclaimer:

For monitoring and administering the claim management process of **Uretero-vaginal / Uterine fistula repair**. 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:

A vaginal fistula is an abnormal opening that connects your vagina to another organ, such as your bladder, colon or rectum.

There are several types of vaginal fistulas:

- **Vesicovaginal fistula:** Also called a bladder fistula, this opening occurs between your vagina and urinary bladder and is the type that doctors see most often.
- **Ureterovaginal fistula:** This type of fistula happens when the abnormal opening develops between your vagina and the ducts that carry urine from your kidneys to your bladder (ureters).
- **Urethrovaginal fistula:** In this type of fistula, also called a urethral fistula, the opening occurs between your vagina and the tube that carries urine out of your body (urethra).
- **Rectovaginal fistula:** In this type of fistula, the opening is between your vagina and the lower portion of your large intestine (rectum).
- **Colovaginal fistula:** With a colovaginal fistula, the opening occurs between the vagina and colon.
- **Enterovaginal fistula:** In this type of fistula, the opening is between the small intestine and the vagina.

The evidence relating to diagnosis and treatment of urinary fistula is generally poor and this review inevitably relies largely on numerous case series and other consensus statements.

Proceed with **Uretero-vaginal / Uterine fistula repair** only if diagnosis made is backed by clinical manifestation

- a. Abdominal pain
- b. Distention or paralytic ileus
- c. Hematuria
- d. Irritability of the bladder

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	Uretero-vaginal / Uterine fistula repair
i. At the time of Pre-authorization	

a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. Intravenous pyelogram (IVP)/ CT-IVP/CT-urogram report + cystoscopy and vaginoscopy report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Operative notes / Procedure notes	Yes
c. Intra procedure still photograph	Yes
d. Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:**

- a. Did imaging suggest presence of fistula? Yes

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

References:

1. APPENDIX A: NON OBSTETRIC URINARY FISTULA; (Page 1-4); <https://uroweb.org/wp-content/uploads/EAU-Guidelines-Urinary-Incontinence-Appendix.pdf>
2. Ureterovaginal fistula - etiological factors and outcome; <https://jpma.org.pk/article-details/3701>
3. <https://www.ics.org/Workshops/HandoutFiles/000318.pdf>