



Guidance document for processing PM-JAY packages

Hypospadias repair

Procedures covered: 4

Specialty: Urology, Pediatric Surgery, Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Hypospadias repair	Single stage	S700124	SU071A	28,000
Hypospadias repair	Two or more stage (First Stage)	S700125	SU071B	12,000
Hypospadias repair	Two or more stage (Intermediate Stage)	S700125	SU071C	2
Hypospadias repair	Two or more stage (Final Stage)	S700125	SU071D	30,000

ALOS: 3 days

Minimum qualification of the treating doctor:

Desirable: MCh / DNB equivalent in (Urology, Pediatric surgery, Plastic surgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Hypospadias 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:



Proceed with **Hypospadias repair** only if diagnosis made is backed by clinical manifestation

- Opening of the urethra at a location other than the tip of the penis
- Downward curve of the penis (chordee)
- Hooded appearance of the penis because only the top half of the penis is covered by foreskin
- Abnormal spraying during urination

Indications:

- Hypospadias is usually a condition present at birth in which Surgery is typically recommended between the first 6 months to 2 years after birth.

Surgical Management:

- Main goal is to build a new Urethra
- Strengthen the penis
- Build a new opening at the tip of the penis
- This procedure requires follow-up surgeries, sometimes soon after the first surgery, in other instances many years or decades later.

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	Hypospadias repair
i. At the time of Pre-authorization	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure and planned line of treatment	Yes
b. Cystoscopy/Urethrogram report (If applicable)	Yes
c. Clinical photograph of affected part (optional)	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Post-operative clinical photograph (optional)	Yes
d. 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 documents	Hypospadias repair
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the Cystoscopy/Urethrogram report (If applicable) submitted?	Yes
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
b. Detailed operative notes with indications and outcomes of the procedure submitted?	Yes
c. Detailed discharge summary with the date of the follow-up mentioned?	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:

Hypospadias repair:

- I. Did physical examination detect structural abnormalities or ventral penile curvature? Yes

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

References:

1. https://uroweb.org/wp-content/uploads/23-Paediatric-Urology_LR_full.pdf
2. <https://www.dellchildrens.net/wp-content/uploads/sites/60/2019/08/DCMC-Hypospadias-Guideline.pdf>