

Guidance document for processing PM-JAY packages

Bladder Neck incision - Endoscopic

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Bladder Neck incision - Endoscopic	Bladder Neck incision - Endoscopic	S700068	SU054A	15,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology)

Desirable: MCh/Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Bladder Neck incision - Endoscopic**, 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:

Bladder Neck incision - Endoscopic, Bladder neck incision (BNI) Endoscopic is a surgical process involves making a cut through the neck of bladder using an electric "spike" passed through a telescope along your urethra, to correct the flow of urine with neck stenosis or a urethral stricture. It is treated with the help of an incision made in the bladder neck. Under the procedure, the surgeon will track any obstruction in the bladder neck, so as to remove it.

Indications:

- Primary bladder neck obstruction
- Bladder neck contracture

Diagnosis:

- USG- Kidney ureters and bladder (KUB) and Post-void residual (PVR), Uroflowmetry, Electromyography, Urine Analysis
- KUB PVR to evaluate the size of the prostate gland in men.
- **Post-void residual (PVR)** Ultrasound is the volume of urine left in the bladder once urinating, which can be measured using the KUB ultrasound scan. Less than 50 ml of PVR is considered to be adequate in an adult. More than that indicates conditions related to the bladder or ureter, such as bladder damage or a blockage in the urinary tract.

Management:

- BNI is done to improve the flow of urine and to relieve urinary pressure in the bladder. The treatment proves to be helpful when the non-surgical treatment does not improve the condition of the bladder
- Unilateral or bilateral, one or two incisions are made on the bladder neck.
- A Resectoscope used to make small cuts in the neck of bladder where the prostate is restricting the flow of urine, by opening the neck of bladder and relieves the pressure and improve the flow.
- A telescope into your bladder through the urethra to check that there are no other problems within your bladder.
- Uses bladder irrigation through the catheter to flush out any clots or bleeding, later catheter will be removed after one night.
- Drugs to improve urine flow – by relaxing the thickened muscle at the neck of bladder e.g. tamsulosin, doxazosin, terazosin.

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	Bladder Neck incision - Endoscopic
i. At the time of Pre-authorization	
a. Detailed Clinical notes with history, indication for procedure/surgery, symptoms, signs, examination findings and advice for admission	Yes

b. Uroflowmetry/ USG-KUB/PVR tests	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operation notes	Yes
c. Post Procedure endoscopic photograph	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 document	Bilateral Orchiectomy for hormone ablation
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the detailed Clinical notes – all vitals, detailed history especially previous surgery, symptoms, signs, physical examination including local examination, indication for procedure, advice for admission, and planned line of treatment submitted?	Yes
b. Uroflowmetry/ USG-KUB/PVR test report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed ICPs with daily vitals and treatment details available?	Yes
b. Are the detailed procedure / Operative Notes available?	Yes
c. Post Procedure endoscopic photograph submitted?	Yes
d. Is the Discharge summary with follow-up advise at the time of discharge?	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. Was the clinical notes and USG-KUB/PVR reports indicative of surgery? Yes

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

References:

1. Gaya, Josep M., et al. "Endoscopic bladder neck incision as first step in radical prostatectomy: An aid for patients previously treated for Bladder outlet obstruction." *Archivos espanoles de urologia* 68.7 (2015): 587-594.
2. Endoscopic incision for functional bladder neck obstruction in men: long-term outcome Amit Suri 1, Aneesh Srivastava, Kamal Jeet Singh, Deepak Dubey, Anil Mandhani, Rakesh Kapoor, Anant Kumar PMID: 16040090 DOI: 10.1016/j.urology.2005.03.04