



## Guidance document for processing PM-JAY packages

### Diagnostic Cystoscopy

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Diagnostic Cystoscopy	Diagnostic Cystoscopy	S700067	SU042A	6,500

**ALOS: 1 Day**

**Minimum qualification of the treating doctor:**

**Essential:** MS/DNB/Equivalent (in Urology, Pediatric Surgery)

**Desirable:** MCh/Equivalent (in Urology, Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Diagnostic Cystoscopy**, 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:**

**Cystoscopy** is a visual inspection of the inside bladder and urethra. Cystoscopy can be performed in several settings, including OPD or an operating room, with either topical pain medicine (a numbing jelly in the urethra) or under an aesthetic (general or sedation).

**Diagnostic and therapeutic indications:**

- To look at the lining of the bladder and the urethra.
- Gross or microscopic hematuria

- Evaluation of patients with voiding symptoms, urologic fistulas, urethral or bladder diverticula, Congenital anomalies' in pediatrics
- Treatment of urethral strictures
- Bladder neck procedures
- Intravesical procedures (e.g., for treatment of bladder stones, bladder ulcers, or bladder tumors; removal of foreign bodies in the bladder; botulinum toxin injection; and ureteral catheterization in association with some gynecologic problems)

#### Procedure:

- The Cystoscope examines the bladder through the urethra, bladder is slowly filled with fluid to better visualize the entire lining. This will mimic the feeling of having a full bladder.
- The bladder is examined in a systematic manner. The trigone, the bladder neck, and both ureteral orifices are identified. The bladder base and the posterior bladder wall are examined, and the air bubble is identified. The lateral walls are examined, and the test is concluded by visualizing the urethra.

### 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	Diagnostic Cystoscopy
<b>i. At the time of Pre-authorization</b>	
a. Detailed Clinical notes with history, indication for procedure, symptoms, signs, examination findings and advice for admission	Yes
b. Xray/USG/CT Scan/MRI report	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operation notes	Yes
c. Intraprocedural still 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 document	Diagnostic Cystoscopy
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. <i>Detailed Clinical notes</i> – all vitals, detailed history especially previous surgery, symptoms, signs, physical examination including local examination, indication for procedure, advise for admission, and planned line of treatment?	Yes
b. Xray/USG/CT Scan/MRI report submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Are the detailed ICPs with daily vitals and treatment details available?	Yes
b. Are the detailed procedure / Operative Notes available?	Yes
c. Intraprocedural still photograph submitted? (optional)	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 Xray/USG/CT Scan/MRI report indicative of procedure?  
Yes

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

### **References:**

- Matulewicz, Richard S., John O. DeLancey, and Joshua J. Meeks. "Cystoscopy." *Jama* 317.11 (2017): 1187-1187.
- Safiullah, Shoaib, et al. "Procedural Module: Flexible Cystoscopy." *Journal of Endourology* 32.S1 (2018): S-2.
- Kuehhas FE, Weibl P, Tosev G, Schatzl G, Heinz-Peer G. Multidetector computed tomography virtual cystoscopy: an effective diagnostic tool in patients with hematuria. *Urology*. 2012 Feb. 79(2):270-6.



4. Clark KR, Higgs MJ. Urinary infection following out-patient flexible cystoscopy. Br J Urol. 1990 Nov. 66(5):503-5.