



Guidance document for processing PM-JAY packages

Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy	Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy	S700066	SU057A	10,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy**, 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:

Clinical Indications: Transurethral resection of bladder tumor (TURBT):

- Performed endoscopically and is the first-line procedure for diagnosis, staging, and treatment of most forms of superficial bladder tumors.
- Obtaining detrusor muscles during transurethral resection of bladder tumor (TURBT) is vital for cancer staging.

- TURBT specimens are sent to the histopathologist piecemeal and staging and adequacy of tumor clearance is based upon this.
- Complete eradication of tumor is the first step of transurethral resection of bladder tumor (TURBT).
- **Deep cold-cup biopsy** at transurethral resection of bladder tumors (TURBT) is not a routine evidence-based practice, and its ability to obtain more accurate pathological staging is not conclusive.
- **Deep cold-cup biopsy** improves availability and presence of detrusor muscle for pathological assessment.
- Routine TURBT is conducted using a loop electrode with the TURIS resectoscope (Olympus) using bipolar energy.
- TUR or targeted cold-cup biopsy are performed to remove tissues that were identified as malignant lesion/test-positive using the White Light and/or Fluorescence Light source.
- The cold cup biopsy samples are systematically obtained from eight pre-specified areas: The bladder trigone, right wall, left wall, posterior wall, dome, anterior wall, bladder neck, and prostatic urethra of both sides.
- The cold-cup biopsy usually involves removal of bladder specimens with a cold cup forceps, sampling mostly mucosa and lamina propria layers with the intention to identify Carcinoma-in-situ (CIS) in grossly normal-appearing areas.
- This procedure is most often performed in the surgical suite and requires rigid endoscopic access and the use of biopsy forceps and Bugbee electrodes to obtain tissue for histologic examination.
- The biopsy forceps allows simultaneous tissue sampling and electrocoagulation of the biopsy site, thus eliminating the need for exchange of instruments through the flexible cystoscope.

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	Post TURBT - Check Cystoscopy (Per sitting) with cold-cup biopsy
i. At the time of Pre-authorization	
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
b. CT Scan recommending the Biopsy procedure to rule out bladder cancer (If applicable)	Yes
ii. At the time of claim submission	
a. Detailed clinical notes and treatment given	Yes

b. Intra procedure still photograph with patient ID and Date (Optional)	Yes
c. Histopathology/ biopsy report confirming the diagnosis of bladder cancer submitted? (If applicable)	Yes
d. Detailed Procedure / Operative Notes	Yes
e. 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:

- I. Was the clinical notes and Imaging submitted are indicative of procedure? Yes

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

References:

1. Donat, S. Machele, et al. "Efficacy of office fulguration for recurrent low grade papillary bladder tumors less than 0.5 cm." The Journal of urology 171.2 (2004): 636-639.
2. Jegathesan, Thiruchelvam, KIAN CHONG, and SING CHIA. "Is cold-cup biopsy necessary at the end of transurethral resection of bladder tumours?: C-OBUE-1484." International Journal of Urology 23 (2016).
3. Miyake, Makito, et al. "A Potential Application of Dynamic Contrast-Enhanced Magnetic Resonance Imaging Combined with Photodynamic Diagnosis for the Detection of Bladder Carcinoma in Situ: Toward the Future 'MRI-PDD Fusion TURBT'." Diagnostics 9.3 (2019): 112.
4. Lawrence H. "Transurethral resection of bladder tumour (TURBT)". Translational Andrology and Urology: Transl Androl Urol 2019.
5. Beagler, Marc, and Michael Grasso III. "Flexible cystoscopic bladder biopsies: a technique for outpatient evaluation of the lower urinary tract urothelium." Urology 44.5 (1994): 756-759.
6. Otsuka, Masafumi, et al. "Clinical significance of random bladder biopsy in primary T1 bladder cancer." Molecular and clinical oncology 8.5 (2018): 665-670.