



## Guidance document for processing PM-JAY packages

### Exstrophy Bladder repair including osteotomy

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Exstrophy Bladder repair including osteotomy if needed, epispadias repair , ureteric reimplant, augmentation of bladder	Exstrophy Bladder repair including osteotomy if needed, epispadias repair, ureteric reimplant	S700069	SU051A	65,000

**ALOS:** 4 Days

**Minimum qualification of the treating doctor:**

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

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

#### Disclaimer:

For monitoring and administering the claim management process of **Exstrophy Bladder repair including osteotomy if needed + epispadias repair + ureteric re-implant**, 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:**

**Exstrophy Bladder:** Bladder exstrophy is a birth defect primarily involving the musculoskeletal system and genitourinary tracts. Is a rare congenital disorder in which the

Urinary bladder develops outside the abdomen wall, exposed bladder can't function normally, resulting in urine incontinence.

### Indications:

- The true cause of bladder exstrophy has not been elucidated. Evidence shows increasing incidence among in-vitro fertilization (IVF) pregnancies.
- a spectrum of congenital abnormalities that includes classic bladder exstrophy, epispadias, cloacal exstrophy, and several variants.
- Are most common in the larger group of congenital defects called the bladder exstrophy-epispadias complex (BEEC)
- **Epispadias** is the least severe form of BEEC, in which urethra doesn't fully develop.

### Management:

- **Surgical techniques involve:** Staged functional closure for classic bladder exstrophy (i.e., modern staged repair of exstrophy [MSRE]), Complete primary repair for classic bladder exstrophy (CPRE), Urinary diversion for classic bladder exstrophy, Closure for cloacal exstrophy, Gender reassignment.
- **Primary closure is to repair** the bladder and anterior abdominal wall,
- **Osteotomy:** Osteotomy provides closure of the bony ring and muscles of the pelvic floor to support the bladder and surround the urethra.
- **Bladder closure:** A circumferential incision is made around the exstrophied bladder
- **Bladder neck repair:** This procedure is undertaken at least 1 year after primary closure of the bladder exstrophy.
- **Ureteric reimplantation:** Is performed by an extravesical mobilization of the ureters and then by either the Cohen or Leadbetter-Politano technique depending upon the bladder size.
- **Epispadias repair:** this is performed after all other procedures. A major portion of epispadias repair achieved already during bladder closure. Remaining is the most distal part of the urethra and the glans. This is achieved with simple tubularization and de-epithelialization and approximation of the glans followed by corpora are sutured to each other over the urethral tube.
- **Bladder augmentation:** Preoperative urine cultures are performed to rule out a UTI. Bowel preparation is done with oral PEGLEC and rectal washes.

### 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	Exstrophy Bladder repair including osteotomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/CT/MRI confirming the diagnosis	Yes
c. Clinical Photograph of affected part	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Post Procedure Clinical Photograph of affected part	Yes
c. Detailed Procedure / Operative Notes	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	Exstrophy Bladder repair including osteotomy
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the USG/CT/MRI confirming the diagnosis submitted?	Yes
c. Was the Clinical Photograph of affected part submitted	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes
b. Was the Post Procedure Clinical Photograph of affected part provided?	Yes
c. Was the Detailed Procedure / Operative Notes submitted?	Yes
d. Was the Detailed discharge summary submitted?	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/CT/MRI report indicative of procedure? Yes

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

#### **References:**

1. Elsayed, Ehab R., et al. "Closure of bladder exstrophy with a bilateral anterior pubic osteotomy: Revival of an old technique." Arab journal of urology 9.3 (2011): 203-207.
2. Bhatnagar, Veereshwar. "Bladder exstrophy: An overview of the surgical management." Journal of Indian Association of Pediatric Surgeons 16.3 (2011): 81.
3. Gambhir, L., et al. "Epidemiological survey of 214 families with bladder exstrophy-epispadias complex." The Journal of urology 179.4 (2008): 1539-1543.
4. Wood HM, Babineau D, Gearhart JP. In vitro fertilization and the cloacal/bladder exstrophy-epispadias complex: a continuing association. J Pediatr Urol. 2007 Aug. 3 (4):305-10.
5. Baird, A. D., C. P. Nelson, and J. P. Gearhart. "Modern staged repair of bladder exstrophy: a contemporary series." Journal of pediatric urology 3.4 (2007): 311-315.