



Guidance document for processing PM-JAY packages

Open simple prostatectomy for BPH+TURP-Transurethral Resection of the Prostate, BPH

Procedures covered: 3

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in Days)
Open simple prostatectomy for BPH	Open simple prostatectomy for BPH	S700092	SU077A	27,500	3
TURP-Transurethral Resection of the Prostate, BPH	Monopolar	S700093,S700095,S700097,S700098,S700099,S700100,S700101,S700102,S700103,S700104,S700105	SU080A	27,500	2
TURP-Transurethral Resection of the Prostate, BPH	Bipolar	S700093,S700095,S700097,S700098,S700099,S700100,S700101,S700102,S700103,S700104,S700105	SU080B	27,500	2

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology)

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

Disclaimer:

For monitoring and administering the claim management process of **Open simple prostatectomy for BPH + TURP-Transurethral Resection of the Prostate, BPH**, 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:

Open simple prostatectomy for BPH: consists of enucleation of a hyperplastic prostatic adenoma. Open simple prostatectomy may be preferred over transurethral resection of the prostate (TURP) with prostates larger than 80g.

Transurethral resection of the prostate or TURP prostate is resected from an endoscopic approach, TURP also be used to unroof prostatic abscesses.

Indications:

Open simple prostatectomy for BPH:

- Acute urinary retention, recurrent urinary tract infections, Renal insufficiency
- Significant haemorrhage, Bladder calculi secondary to bladder outlet obstruction
- Nonresponsive Bladder outlet obstruction with medical and minimally invasive therapy.

TURP:

- Acute urinary retention, Failed voiding trials
- Recurrent gross hematuria
- Renal insufficiency secondary to obstruction
- Obstructive nephropathy,
- Bladder stone formation,
- 2+ episodes of urinary retention,
- Prostate abscess, difficulty with clean intermittent catheterization and obstructive azoospermia.

Management/Procedure:

- **Open simple prostatectomy BPH:** is an invasive surgical approach: Suprapubic, retropubic and perineal approaches are used in Open Simple prostatectomy
- **Transurethral resection of the prostate or TURP:** Conventional monopolar TURP (M-TURP) and bipolar TURP (B-TURP) are in practice. With the use of a bipolar generator, both the active and return electrodes are contained within the instrument.

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	Open Simple, Bipolar and Monopolar TURP.
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes

b. USG with prostate size and Post Void Volume +/- PSA, +/- uroflowmetry report confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Histopathology report	Yes
a. Detailed Procedure / Operative Notes	Yes
b. 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	Open Simple, Bipolar and Monopolar TURP
i. 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 USG with prostate size and Post Void Volume +/- PSA, +/- uroflowmetry report confirming the diagnosis and need for the surgery submitted?	Yes
ii. 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. Was the Histopathology report submitted?	Yes
c. Was 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 with prostate size and Post Void Volume +/- PSA, +/- uroflowmetry report are indicative of the procedure? Yes

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

References:

1. Stormont, Gavin, and Soumaya Chargui. "Transurethral Resection Of The Prostate (TURP)." StatPearls [Internet] (2020).
2. <https://www.medscape.com/answers/437359-90431/what-are-the-indications-for-transurethral-resection-of-the-prostate-turp-in-the-treatment-of-benign-prostatic-hyperplasia-bph>
3. <https://emedicine.medscape.com/article/445996-overview#a4>
4. Hueber, Pierre-Alain, Ahmed Al-Asker, and Kevin C. Zorn. "Monopolar vs. bipolar TURP: assessing their clinical advantages." Canadian Urological Association Journal 5.6 (2011): 390.