



Guidance document for processing PM-JAY packages

Suprapubic Drainage – Closed, Trocar

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Suprapubic Drainage – Closed, Trocar	Suprapubic Drainage – Closed, Trocar	S700081, S700082	SU061A	5,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Suprapubic Drainage - Closed / Trocar**, 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:

Suprapubic Drainage or Percutaneous suprapubic catheterization (SPC) is a procedure for urinary drainage.

- To manage bladder dysfunction and urinary retention, difficulty in urethral catheterization, a suprapubic cystostomy may be a valuable measure for emergency drainage of the bladder.

- Urinary tract infection which accompanies urethral drainage is largely eliminated with Suprapubic trocar drainage of bladder.
- Alternatives to suprapubic catheterization include urethral catheterization, intermittent catheterization, urinary diversion and percutaneous nephrostomy drainage.

Indications:

- Acute and chronic urinary retention
- Severe Benign prostatic hyperplasia (BPH), false urethral passages, morbid obesity, urethral strictures, bladder neck contracture
- Genital malignancy
- Neurogenic bladder.
- Urogenital trauma causing urethral disruption
- Benign hypertrophy and carcinoma of the prostate
- Reduces the pre and postoperative morbidity and mortality of several diseases.

Procedure:

- Open technique and percutaneous technique.
- **Open:** transverse incision roughly 2 fingerbreadths above the pubic symphysis. Cystotomy is made and the drainage tube is placed.
- **Percutaneous:** By urinary retention or with the help of a cystoscope. a large bore needle is inserted until urine returns. Insert Guided wire, then the suprapubic catheter is then passed into the bladder via the access sheath
- Trocar kits are also available for direct puncture into the urinary bladder.

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	Suprapubic Drainage - Closed / Trocar
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. USG/CT confirming the diagnosis and need for the procedure	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes detailing how urine was drained.	Yes

c. Detailed discharge summary	Yes
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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	Suprapubic Drainage - Closed / Trocar
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure submitted?	Yes
b. Was the USG/CT diagnosis recommending for the Suprapubic drainage report 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?	Yes
b. Are the detailed procedure / Operative Notes available?	Yes
c. 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/CT diagnosis report indicative of procedure? Yes

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

References:

1. Austen Jr, George. "Suprapubic trocar drainage of the bladder." The American Journal of Surgery 55.3 (1942): 509-515.
2. Jian, Zhongyu, et al. "Suprapubic tube versus urethral catheter drainage after robot-assisted radical prostatectomy: a systematic review and meta-analysis." BMC urology 18.1 (2018): 1-7.
3. English, Sharon F. "Update on voiding dysfunction managed with suprapubic catheterization." Translational Andrology and Urology 6.Suppl 2 (2017): S180.
4. Li, Meixuan, et al. "The incidence of urinary tract infection of different routes of catheterization following gynecologic surgery: a systematic review and meta-analysis of randomized controlled trials." International Urogynecology Journal 30.4 (2019): 523-535.
5. Serlin, David C., Joel J. Heidelbaugh, and John T. Stoffel. "Urinary retention in adults: evaluation and initial management." American family physician 98.8 (2018): 496-503.