



Guidance document for processing PM-JAY packages

Stress Urinary Incontinence

Procedures covered: 4

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Trans - vaginal tape / Trans-obturator tape	Trans-vaginal tape	S400052	SO024A	15,200	2 days
Trans - vaginal tape / Trans-obturator tape	Trans-obturator tape	S400052	SO024B	15,200	2 days
Burch	Abdominal	S400004	SO043A	30,000	5 days
Burch	Laparoscopic	S400004	SO043B	30,000	5 days

Minimum qualification of the treating doctor:

Essential: MS/ MD/ DNB / DGO or Equivalent (Obstetrics & Gynecology), MCh/Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: Facilities with well-equipped operation theatre, anesthesia and anesthetist availability; Laparoscopic facility for laparoscopic procedure.

Disclaimer:

For monitoring and administering the claim management process of **Trans - vaginal tape / Trans-obturator tape / Burch**, 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:

- Incontinence may be stress incontinence, urge incontinence or true incontinence.
- Urinary incontinence may indicate a symptom, a sign or a condition.
- There are two types of Stress Urinary Incontinence (SUI): hypermobility (or anatomic) and intrinsic sphincter deficiency. Most patients have elements of both causes for their incontinence but in varying degrees for each.
- The common type of stress incontinence is associated with cystocele and genital prolapse when the woman voids a small quantity of urine involuntarily while sneezing, coughing or laughing. The condition also develops during pregnancy and soon after delivery.

Clinical presentation

- Involuntary loss of urine coincides with stressful activity like coughing, sneezing, straining or other physical activity
- No prior urge to void
- Amount – small
- Patient – fully aware of it
- Micturition – normal

Evaluation

Evaluation before surgery for SUI includes history, physical examination, pelvic examination, voiding diary, symptom questionnaire, residual urine determination, Q-tip test for urethral mobility, and urinalysis. If there is any concern regarding symptoms or prior procedure failure, then cystometrics and cystoscopy should be performed.

Management (Surgical)

- In case of failure of conservative medical management, then only surgical options should be explored
- Surgical options
 - Vaginal (Kelly)
 - Abdominal
 - Marshall–Marchetti–Krantz and Pereyra Burch
 - Combined vaginal and abdominal suspension
 - Slings
 - Tension-free sling (Trans-vaginal type)
 - Trans-obturator type
 - Laparoscopic suspension of bladder neck
- The approach for primary SUI is a tension-free mid-urethral sling, Burch retropubic urethropexy, or other sub-urethral sling.

- The approach for recurrent SUI and a scarred bladder neck is most often a sub-urethral sling.
- Periurethral bulking has a place in medically compromised or elderly patients, especially for those with severe incontinence and minimal mobility of the bladder neck, i.e., Q-tip test

NOTE: The procedure can be done along with Uterine prolapse surgery or Vault prolapse or Vaginal prolapse surgeries

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	Trans - vaginal tape / Trans-obturator tape	Burch
i. At the time of Pre-authorization		
Detailed Clinical notes with history, indications, symptoms, signs, evaluation findings, planned line of management, and advice for admission	Yes	Yes
Clinical diagnosis	Yes	Yes
Optional USG abdomen/pelvis Urine culture/Blood sugar in residual urine Urethroscopy Urodynamic studies	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor Case Papers (ICPs)	Yes	Yes
Investigation reports (if required)	Yes	Yes
Detailed procedure/operative notes	Yes	Yes
Detailed Discharge Summary	Yes	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 evaluation, severity and/or imaging indicative of surgery? Yes

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

References:

1. Howkins & Bourne. Shaw`s Textbook of Gynaecology. 16th Edition. 2015. Elsevier
2. John A. Rock, Howard W. Jones III. TeLinde`s Operative Gynecology. Tenth Edition. 2008. Wolters Kluwer