



## Guidance document for processing PM-JAY packages

### Y V Plasty of Bladder Neck / Bladder Neck Reconstruction

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Y V Plasty of Bladder Neck / Bladder Neck Reconstruction	Y V Plasty of Bladder Neck / Bladder Neck Reconstruction	S700088	SU053A	23,000

**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:** Care at tertiary care facilities

#### Disclaimer:

For monitoring and administering the claim management process of **Y V Plasty of Bladder Neck / Bladder Neck Reconstruction**, 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:**

**Bladder neck contracture BNC:** Narrowing of the bladder neck when the prostate is still in situ.

#### **Indications:**

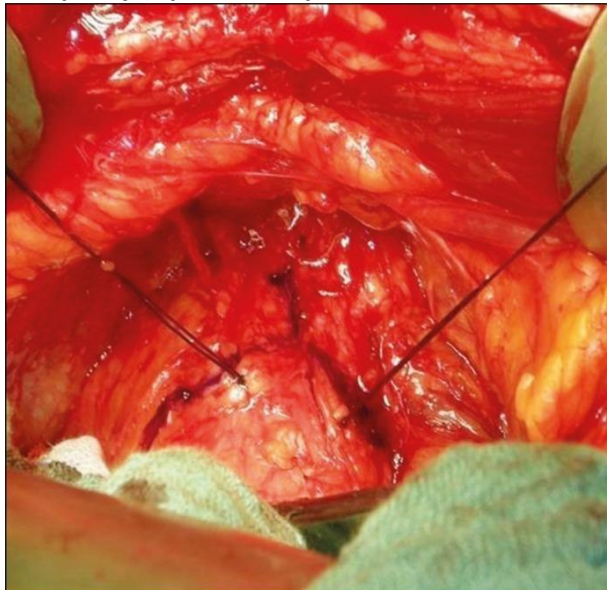
- Incomplete emptying

- Recurrent urinary tract infections, and dysuria.
- Bladder neck contracture in adults following transurethral resection of the prostate, radical prostatectomy or pelvic irradiation.

**Procedure: In the Y-V plasty technique:**

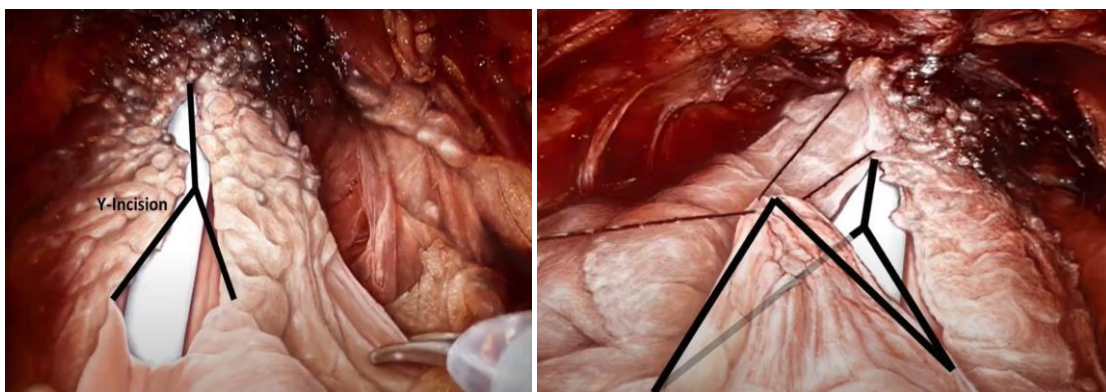
- The scar is incised longitudinally (the base of the Y) into healthy urethra. (proximal aspect of the membranous urinary sphincter.)
- The Bladder Neck Contracture is incised anteriorly, and a V-shaped bladder flap is advanced into the BNC in a Y-V plasty fashion, a V-shaped flap of anterior bladder (the top of the Y) is advanced into the apex of the urethrotomy in a tension-free manner with long-lasting absorbable barbed suture.
- This creates a sufficient lumen while only requiring reconstruction of the anterior aspect of the bladder neck and urethra.

**Y-V plasty (Open) Y- shaped incision bladder neck**



*Sayedahmed, Khalid, et al.. 2019*

**Y-V Plasty**



\* Professor John - Kantonsspital Winterthur Switzerland

### 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	Y V Plasty of Bladder Neck Reconstruction
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Urethroscopy /Cystoscopy/USG reports confirming the need for surgery	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative Notes	Yes
c. 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	Y V Plasty of Bladder Neck Reconstruction
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure submitted?	Yes
b. Was the Urethroscopy Cystoscopy + USG report confirming the bladder neck contracture 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. Are the detailed procedure / Operative Notes submitted?	Yes
c. Is the 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 Urethroscopy/Cystoscopy/USG report indicative of procedure? Yes

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

#### **References:**

1. Sayedahmed, Khalid, et al. "The outcome of YV plasty as a final option in patients with recurrent bladder neck sclerosis following failed endoscopic treatment." *Central European Journal of Urology* 72.4 (2019): 408.
2. Granieri, Michael A., et al. "Robotic YV plasty for recalcitrant bladder neck contracture." *Urology* 117 (2018): 163-165.
3. <https://auau.auanet.org/content/v10-02-robot-assisted-laparoscopic-yv-plasty-patients-refractory-bladder-neck-contracture>