



Guidance document for processing PM-JAY packages

Transrectal Ultrasound guided prostate biopsy (minimum 12 core)

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	S700108	SU081A	10,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent in Urology

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

Disclaimer:

For monitoring and administering the claim management process of **Transrectal Ultrasound guided prostate biopsy (minimum 12 core)**, 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:

The precise way to find the cancer cell inside prostate gland is the surgical removal and histopathological examination of the entire gland is called the transrectal ultrasound (TRUS)-guided systematic biopsy.

- One of the major limitations with the procedure is the amount of tissue sampled during prostate biopsy is limited and cancer cells can be missed
- The 12-core extended systematic transrectal ultrasound (TRUS)-guided biopsy (TRUS-Gb) is currently an accepted standard method to detect tumors' Gleason grades.

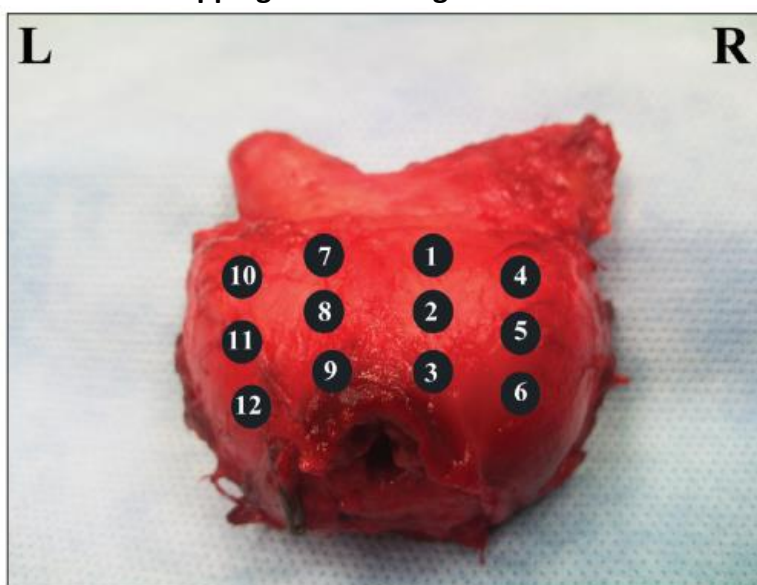
Indications:

- Elevated prostate-specific antigen (PSA), High Gleason score.
- Adenocarcinoma, Brachytherapy for prostate cancer, Cryotherapy for prostate cancer.
- Deroofing or aspiration of ejaculatory ducts, prostatic cysts, or prostatic abscesses.

Procedure:

- As the number of cores increases, the diagnostic yield becomes more marginal.

Mapping of Prostate gland- 12 core



*Serefoglu et al. 2013

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	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)
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 with prostate size and Post Void Volume establishing suspicion of malignancy	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Histopathology showing reporting of minimum 12 core samples of prostate. (As applicable)	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	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)
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 report with prostate size and Post Void Volume establishing suspicion of malignancy submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed ICPs with daily vitals and treatment details available?	Yes
b. Was the Histopathology showing reporting of minimum 12 core samples of prostate submitted? (As applicable)	Yes
c. Was the Detailed Procedure / Operative notes submitted?	Yes
d. Detailed Discharge Summary submitted with the date of the follow-up 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 report indicative of procedure? Yes

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

References:

1. Serefoglu, Ege Can, et al. "How reliable is 12-core prostate biopsy procedure in the detection of prostate cancer?." Canadian Urological Association Journal 7.5-6 (2013): E293.
2. https://www.unicare.com/dam/medpolicies/unicare/active/policies/mp_pw_b098248.html