



Guidance document for processing PM-JAY packages

Augmentation cystoplasty

Procedures covered: 2

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Augmentation cystoplasty	Open	S700089	SU045A	30,000
Augmentation cystoplasty	Lap.	S700090	SU045B	30,000

ALOS: 4 days

Minimum qualification of the treating doctor:

Desirable: MCh/DNB equivalent (in Urology/Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Augmentation cystoplasty**, for 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: is a surgery used in patients with lack of adequate bladder capacity or detrusor compliance. This procedure provides a safe, functional reservoir that allows for urinary continence and prevention of upper tract deterioration.

Indications: Both neuropathic and non-neuropathic causes

Neuropathic: Spinal cord injuries, multiple sclerosis etc.



Non-neuropathic: Detrusor instability, chronic cystitis (includes Tuberculosis and schistosomiasis), Interstitial cystitis etc.

Neurogenic bladder with congenital anomalies.

Proceed with Augmentation cystoplasty only if diagnosis made is backed by clinical manifestation:

- Inability to hold urine
- Spasticity (stiffness) of the bladder
- Shrinking of the bladder caused by any treatments

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	Augmentation cystoplasty
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Intravenous pyelogram (IVP) /CT IVP/MRI, Cystogram	Yes
ii. At the time of claim submission	
a. Indoor case papers with daily vitals and treatment details	Yes
b. Detailed Procedure / Operative Notes	
c. Intraoperative still images/ Post procedure Imaging	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 documents	Augmentation cystoplasty
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 Intravenous pyelogram (IVP) /CT IVP/MRI, Cystogram report suggestive for the need of procedure?	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 Intra-operative still images/Post-procedure Images suggestive of the procedure done?	Yes
c. Was the Detailed Procedure / Operative Notes submitted?	
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:

Augmentation cystoplasty:

- I. Was the clinical notes and cystogram indicative of procedure? Yes

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

References:

1. Cespedes RD, McGuire EJ. Bladder Augmentation. Glenn JF, Graham SD, Keane TE. Glenn's Urology. 6. Lippincott Williams and Wilkins; 2004. 23.
2. Adams MC, Joseph DB. Urinary Tract Reconstruction in Children. Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA. Walsh-Campbell Urology. 9. Philadelphia, PA: Saunders Elsevier; 2007. Ch. 124.
3. Dahl DM, McDougal WS. Use of Intestinal Segments in Urinary Diversion. Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA. Campbell-Walsh Urology. 9. Philadelphia, PA: Saunders Elsevier; 2007. Ch. 80
4. [https://www.urologyhealth.org/urologic-conditions/bladder-augmentation-\(enlargement\)](https://www.urologyhealth.org/urologic-conditions/bladder-augmentation-(enlargement))
5. <https://emedicine.medscape.com/article/443916-technique>
6. <https://bjui-journals.onlinelibrary.wiley.com/doi/pdf/10.1046/j.1464-4096.2001.001206>
7. https://uroweb.org/wp-content/uploads/17-Urinary-Incontinence_LR.pdf