



Guidance document for processing PM-JAY packages

Partial Cystectomy- Follow Up

Packages covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Partial Cystectomy Follow Up	Partial Cystectomy Follow Up	New Package	SU044	1,000

ALOS (in days): NA

Minimum qualification of the treating doctor:

Essential: MCh/DNB equivalent in Urology, Pediatric Surgery

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

Disclaimer:

For monitoring and administering the claim management process of **Partial Cystectomy- Follow Up**, 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 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:

Proceed with Partial Cystectomy only if diagnosis made is backed by clinical manifestation

Partial or segmental cystectomy is a bladder-preserving treatment that involves full-thickness surgical removal of the bladder tumor and surrounding bladder wall. Partial cystectomy is used to treat both malignant and benign conditions of the bladder. Its primary malignant indication is for solitary, primary, muscle-invasive, or high-grade bladder cancer that does not involve specific regions of the bladder such as the bladder trigone, vesical neck, or posterior urethra and that can be resected with adequate surgical margins (1-2 cm). The classically

described indication for partial cystectomy is for the removal of an adenocarcinoma or urachal carcinoma that develops in the dome of the bladder.

1. Painless hematuria
2. Recurrent cystitis (specially in elder population)
3. Pain flanks and lower back
4. Frequent feeling of urination

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	Partial Cystectomy follow-up
i. At the time of Pre-authorisation	
a. Clinical notes detailing examination findings, previous surgery/procedure, advise for daycare procedure.	Yes
b. Discharge Summary of last admission for Partial cystectomy procedure	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure USG report	

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. Did the clinical notes and discharge Summary of last admission for Partial cystectomy are indicative of follow-up visit? Yes

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

References:

1. <https://www.cancer.net/cancer-types/bladder-cancer/symptoms-and-signs>
2. <https://www.aunanet.org/guidelines/bladder-cancer-non-muscle-invasive-guideline>
3. Bladder cancer (page 58), Standard treatment guidelines on urology, MOHFW