



## Guidance document for processing PM-JAY packages

### Guidance document for Cystolithotomy/Cystolithotripsy

**Packages covered:** 3

**Specialty:** Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Cystolithotomy - Open, including cystoscopy	Cystolithotomy - Open, including cystoscopy	S700060	SU040A	18,500	2
Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Cystolithotripsy endoscopic, including cystoscopy	S700061	SU041A	18,500	1
Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy	Urethral Stone removal endoscopic, including cystoscopy	S700061	SU041B	18,500	1

#### Minimum qualification of the treating doctor:

**Essential:** MS/DNB/equivalent (Gen Surgery); MS/DNB/MCh/equivalent (Urology); DNB/MCh/equivalent (Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** Operation Theatre with Anesthesia facility. Endoscope for endoscopic procedures; Lithotripsy equipment for lithotripsy procedures.

#### Disclaimer:

For monitoring and administering the claim management process of **Cystolithotomy/Cystolithotripsy/Urethral stone endoscopic including cystoscopy**. 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 **Cystolithotomy/Cystolithotripsy** only if diagnosis made is backed by clinical manifestation

Bladder stone is more prevalent in children. In adults, bladder calculi are often secondary to urologic problems such as bladder-outlet obstruction, infection, urethral strictures, or neurogenic bladder dysfunction. The treatment options available for vesical calculi are open cystolithotomy, transurethral cystolithotripsy, shockwave lithotripsy and percutaneous cystolithotripsy.

### Adult

- a. Increased urine frequency
- b. Hematuria (Blood in urine)
- c. Dysuria
- d. Suprapubic pain (specially at the end of maturation)

### Children

- a. Pulling of the Penis (males)
- b. Difficulties in Micturition
- c. Urine retention
- d. Enuresis

## 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	Cystolithotomy/ Cystolithotripsy
i. At the time of Pre-authorisation	

Clinical notes	Yes
USG abdomen	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers	Yes
USG Abdomen report	Yes
Detailed procedure / Operative Notes	Yes
Detailed Discharge Summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorisation 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:**

<b>Mandatory Documents</b>	<b>Cystolithotomy/ Cystolithotripsy</b>
<b>Pre-auth processing Doctor (PPD)</b>	
Was the detail clinical notes and admission notes submitted?	Yes
Was the USG report submitted	Yes
<b>Claims Processing Doctor (CPD)</b>	
Was the detailed Indoor case papers submitted?	Yes
Was the USG report submitted?	Yes
Was the Detailed procedure / Operative Notes mentioned?	Yes
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:**

- a. Did USG report show presence of stone in the bladder? Yes

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

References:

1. Guangxiang Liu<sup>1,2\*</sup>, Yongming Deng<sup>2\*</sup>, Shiwei Zhang<sup>2</sup>, Xiaozhi Zhao<sup>2</sup>, Dongwei Yao<sup>2</sup>, Qing Zhang<sup>2</sup>, Xiawei Fei<sup>2</sup>, Xiaogong Li<sup>2</sup>, Hongqian Guo<sup>1,2</sup>, Minimally invasive percutaneous suprapubic cystolithotripsy: an effective treatment for bladder stones with urethral strictures, <http://www.ijcem.com/files/ijcem0023634.pdf>
2. <https://uroweb.org/wp-content/uploads/EAU-Guidelines-on-Bladder-Stones-2019.pdf>
3. <https://uroweb.org/guideline/bladder-stones/#3>