



Guidance document for processing PM-JAY packages

Stress incontinence surgery

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Stress incontinence surgery	Stress incontinence surgery - Open	S700130, S700132	SU062A	23,000 + Price of Implant	3

Minimum qualification of the treating doctor:

Essential: MCh/DNB equivalent in Urology

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

Disclaimer:

For monitoring and administering the claim management process of **Stress incontinence surgery**, 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 the ICMR poster and 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: Stress urinary Incontinence: (SUI) Is an Unintentional loss of urine during physical activity or coughing, laughing, sneezing, running or heavy lifting.

Urinary incontinence can originate from the urethra or bladder or from a combination of both.

- Bladder causes are detrusor hyperactivity or hypoactivity.
- Urethral causes are intrinsic urethral sphincter deficiency with or without urethral hypermobility.

Functional Classification of Urinary Incontinence

Abnormality	Type of Clinical Incontinence
Bladder overactivity	Urge
Bladder underactivity	Overflow
Urethra overactivity	Overflow
Urethra underactivity	Stress

Factors determining the therapy for SUI:

- The etiology and type of SUI; bladder capacity; renal function;
- Sexual function;
- Severity of the leakage and degree of bother to the patient;
- The presence of associated conditions, such as vaginal prolapse, or concurrent abdominal or pelvic pathology requiring surgical correction; prior abdominal and/or pelvic surgery.

Management:

- **Non-surgical** (Behavioral therapy, Pelvic floor muscle training, electric stimulation, Continence Devices, Pharmacotherapy) and
- **Surgical:**
 - Open (Anterior repair, Transabdominal & Transvaginal suspension, Sling procedures)
 - Laparoscopic

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	Stress incontinence surgery
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. Cystoscopy/ USG /Urodynamic study to confirm the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operative notes	Yes
c. Barcode/invoice for Implant used	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.

Mandatory document	Stress incontinence surgery
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes
b. Was the Cystoscopy/ USG /Urodynamic study confirming the diagnosis and need for the surgery submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed Indoor case papers submitted?	Yes
b. Was the Detailed Procedure/Operative notes submitted?	Yes
c. Barcode/invoice for Implant used submitted?	Yes
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:

- I. Was there any evidence of stress urinary incontinence in the cystoscopy report? Yes

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

References:

1. Rovner, Eric S., and Alan J. Wein. "Treatment options for stress urinary incontinence." Reviews in urology 6.Suppl 3 (2004): S29.



2. Blok, Bertil FM, and Jacques Corcos. "Surgery for stress urinary incontinence in women: A 2006 review." Indian Journal of Urology: IJU: Journal of the Urological Society of India 23.2 (2007): 148.
3. [https://www.auanet.org/guidelines/stress-urinary-incontinence-\(sui\)-guideline](https://www.auanet.org/guidelines/stress-urinary-incontinence-(sui)-guideline)
4. <https://emedicine.medscape.com/article/452289-treatment>