



Guidance document for processing PM-JAY packages

Bladder Diverticulectomy

Procedures covered: 2

Specialty: Urology / Pediatric surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (days)
Open bladder diverticulectomy with / without ureteric re-implantation	Open bladder diverticulectomy with / without ureteric re-implantation	S700091	SU048A	25,000	3
Bladder Diverticulectomy – follow up	Bladder Diverticulectomy - Follow Up	New Package	SU047A	1,000	NA

Minimum qualification of the treating doctor:

Essential: MCh/DNB or 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 **Bladder Diverticulectomy** 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: Proceed with Bladder Diverticulectomy only if diagnosis made is backed by clinical manifestation:

- Urinary tract infections



- Bladder stones
- Urine flowing backwards into the kidneys ("reflux")
- Bladder tumors
- Trouble peeing

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	Open bladder diverticulectomy	Bladder Diverticulectomy follow-up
i. At the time of Pre-authorization		
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes	NA
b. USG / CT /MRI/MCU showing diverticula report	Yes	NA
c. Discharge Summary from last admission for Bladder diverticulectomy surgery	NA	Yes
ii. At the time of claim submission		
Detailed indoor case papers with treatment given	Yes	NA
Detailed operative/procedure notes	Yes	NA
Intraoperative clinical photograph	Yes	NA
Post-operative USG abdomen report	Yes	NA
Current visit clinical notes with evaluation findings	NA	Yes
Detailed Discharge Summary	Yes	NA

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	Open bladder diverticulectomy	Bladder Diverticulectomy follow-up
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):		

a. Were the Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission submitted?	Yes	Yes
b. Was the USG / CT /MRI abdomen/MCU report showing diverticula submitted?	Yes	NA
c. Was the Discharge Summary of last admission for Bladder diverticulectomy surgery submitted?	NA	Yes
At the time of claim processing- For claims processing doctor (CPD):		
a. Were the indoor case papers and treatment given detail submitted?	Yes	NA
b. Detailed procedure/operative notes	Yes	NA
c. Were Intraoperative clinical photograph submitted?	Yes	NA
d. Was the Post-operative USG abdomen report submitted?	Yes	NA
e. Current visit clinical notes with evaluation findings	NA	Yes
f. Was the Detailed Discharge Summary with all the details submitted?	Yes	NA

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:**

Bladder Diverticulectomy:

1. Was the USG / MRI / CT scan report suggestive of need for Bladder diverticulectomy? Yes
2. Was Clinical notes of the current visit and earlier discharge summary for bladder diverticulectomy available for the follow-up cases? Yes

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

References:

1. <https://urologyaustin.com/general-urology/bladder-diverticulum/>
2. <https://www.urologyhealth.org/urologic-conditions/bladder-diverticulum>
3. https://laparoscopy.blogs.com/prevention_management_3/2011/03/laparoscopic-and-robotic-bladder-diverticulectomy-and-partial-cystectomy.html