

Guidance document for processing PM-JAY packages

Pyeloplasty Follow Up

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Pyeloplasty	Pyeloplasty - Follow Up	New Package	SU022A	1,500

ALOS (In days): Daycare

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology)

Desirable: MCh/Equivalent (in Urology)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Pyeloplasty 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 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: Pyeloplasty- Follow Up:

Pyeloplasty:

- A surgical reconstruction of renal pelvis, to drain and decompress renal pelvis due to Uretero-pelvic junction obstruction. (UPJ)
- If an indwelling ureteral stent is left in place, it is usually removed cystoscopically 4-6 weeks after the procedure.

- Generally, perform imaging studies approximately 6-8 weeks after the procedure to assess renal function and to help rule out residual obstruction.

Follow-up

- **Follow-up of UPJ obstruction** after the procedure is determined by the procedure performed.

Indications

- Open pyeloplasty has been the gold standard for surgical treatment of ureteropelvic junction (UPJ)
- Most clinicians consider the presence of symptoms from the obstruction, such as recurrent flank pain, nausea, and vomiting, to be indications for interventions.
- Recurrent urinary tract infections, pyelonephritis, ipsilateral nephrolithiasis, and deterioration in renal function.

Diagnostic

- Ultrasound, Uroflometry, CT urogram (scan of both kidneys with contrast), Routine Urine and blood test, Voiding cystourethrogram (X-ray of bladder while it is emptying)

Management

Open pyeloplasty

- This procedure typically involves a muscle incision that entails some degree of morbidity.
- If significant dilation of the renal pelvis occurs, it is often reduced in size by trimming off redundant tissue, and then it is tailored in such a fashion that it funnels down towards the anastomosis.
- If an accessory or aberrant vessel exists near the UPJ, the anastomosis is positioned anterior to the vessel.

Laparoscopic pyeloplasty

- The morbidity associated with flank incision in Open Pyeloplasty lead to development of minimally invasive approach to UPJ repair, that is Laparoscopic surgery, as in open approach with adherence to identical surgical principles.
- Performed through a transperitoneal or retroperitoneal route, depending on factors such as obesity and previous abdominal surgeries.
- **A transperitoneal approach** allows a larger working space,
- **The retroperitoneal approach** provides more direct access to the UPJ.

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	Pyeloplasty follow-up
i. At the time of Pre-authorization	
a. Clinical notes detailing signs and symptoms, previous surgery/procedure, follow-up visit details, advise for daycare procedure	Yes
b. Discharge Summary of last pyeloplasty performed	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure USG/Diuretic renography and Urine Routine reports	

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 document	Pyeloplasty follow-up
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the Clinical notes detailing signs and symptoms, previous surgery/procedure, follow-up visit details, advise for daycare procedure submitted?	Yes
b. Was Discharge Summary of last pyeloplasty performed submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed clinical notes of the current visit submitted?	Yes
b. Are post procedure USG/Diuretic renography and Urine Routine reports 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 the Earlier Discharge summary indicative of follow-up procedure? Yes

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

References:

1. Lantz, Andrea G., et al. "Prone versus supine lasix renal scan to assess surgical success after laparoscopic and robot-assisted pyeloplasty." *Journal of endourology* 27.12 (2013): 1431-1434.
2. Bansal, Punit, et al. "Laparoscopic versus open pyeloplasty: Comparison of two surgical approaches-a single centre experience of three years." *Journal of minimal access surgery* 4.3 (2008): 76.