



Guidance document for processing PM-JAY packages

Nephrectomy - Partial or Hemi (for Benign conditions)

Procedures covered: 2

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Nephrectomy Partial or Hemi	Open	S700010	SU004A	42,000	4
Nephrectomy Partial or Hemi	Lap.	S700011	SU004B	42,000	3

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Laparoscopic facilities to be available

Disclaimer:

For monitoring and administering the claim management process of **Nephrectomy - Partial or Hemi**, 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:

Nephrectomy - Partial or Hemi: Recent developments in imaging techniques, preoperative staging, improvements in surgical techniques have made nephron-sparing surgery (NSS) an alternative to radical nephrectomy in select patients.

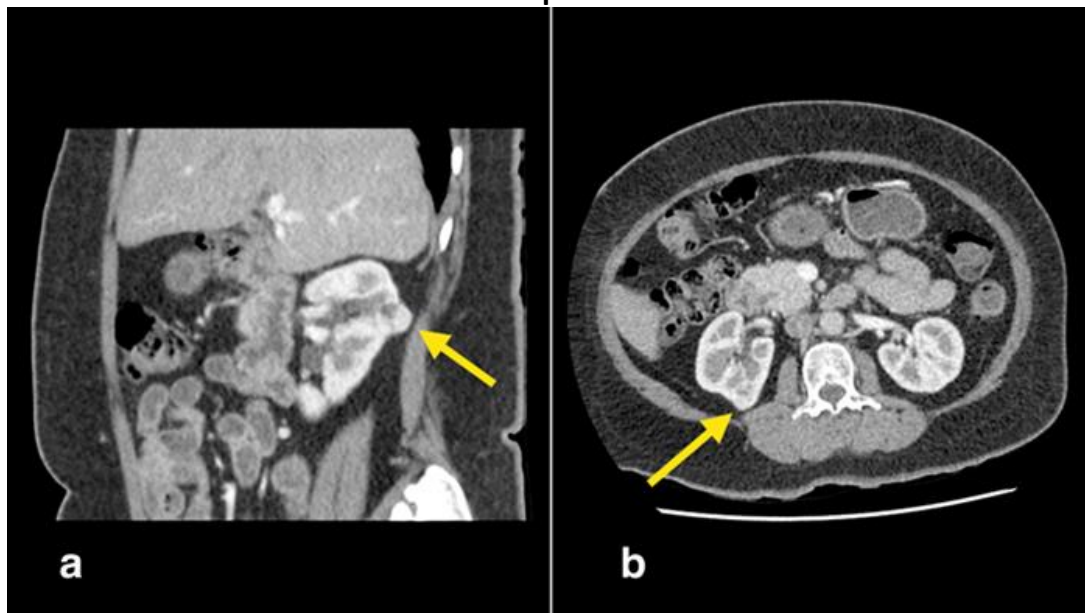
Indications:

- Chronic pyelonephritis, renal arterial disease, calculus disease
- Presence of systematic diseases
- Tumour in a solitary kidney, treatment of T1 renal cell cancer (RCC)
- Partial nephrectomy is done in patients with tumour/masses size is small (<4 cm in size), Renal masses between 4-7 Cm and based on their location partial nephrectomy is recommended. Patients with renal masses above 7 Cm generally treated with Radical nephrectomy.
- In children to remove a non-functioning upper or lower pole secondary to complicated duplex anomalies of the kidney.

Management:

- **Open Partial/hemi Nephrectomy:** A surgical procedure involves a transperitoneal incision or an extraperitoneal incision, typically in patients with one kidney, pre-existing chronic kidney diseases and tumours located in centre kidney are typically managed with open partial/hemi nephrectomy to save as much as kidney part.
- **Laparoscopic Partial/hemi Nephrectomy:** is a minimally invasive surgery, both transperitoneal and retroperitoneal techniques can be used. Laparoscopic partial/hemi nephrectomy has been technically more demanding than a laparoscopic nephrectomy.

CT Scan show a small posterior renal tumour



* Aamir Motiwala et al. 2017

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	Nephrectomy - Partial or Hemi
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. CT/MRI scan, IVP (for Open.) report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Intra operative Photograph	Yes
c. Histopathology report	Yes
d. Detailed Procedure / Operative Notes	Yes
e. 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.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

Mandatory document	Nephrectomy - Partial or Hemi
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the CT/MRI scan, IVP (for Open.) confirming the need for surgery reports submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes
b. Was the Intra operative Photograph submitted?	Yes

c. Was the histopathology report submitted?	Yes
d. Was the Detailed Procedure / Operative Notes submitted?	Yes
e. 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 the clinical notes and CT/MRI scan, IVP (for Open.) are indicative of procedure?
Yes

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

References:

1. Campbell, Steven C et al. "Guideline for management of the clinical T1 renal mass." The Journal of urology vol. 182,4 (2009): 1271-9. doi:10.1016/j.juro.2009.07.004
2. Maria V. Irazabal, Vicente E. Torres. Cystic diseases of the kidneys, in Nephrology Secrets (Fourth Edition), 2019.
3. <https://emedicine.medscape.com/article/446317-overview>
4. Weight, Christopher J et al. "Nephrectomy induced chronic renal insufficiency is associated with increased risk of cardiovascular death and death from any cause in patients with localized cT1b renal masses." The Journal of urology vol. 183,4 (2010): 1317-23.
5. El-Ghoneimi, A., et al. "Retroperitoneal laparoscopic vs open partial nephroureterectomy in children." BJU international 91.6 (2003): 532-535.
6. Nerli, Rajendra B et al. "Laparoscopic hemi/partial nephrectomy in children with ureteral duplication anomalies." Pediatric surgery international vol. 27,7 (2011): 769-74. doi:10.1007/s00383-011-2883-7