



Guidance document for processing PM-JAY packages

Nephrostomy - Percutaneous ultrasound guided

Procedures covered: 1 Specialty: Urology, Pediatric Surgery, Interventional Neuroradiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Nephrostomy Percutaneous ultrasound guided	Nephrostomy - Percutaneous ultrasound guided	S700036	SU008A	14,000	1

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Interventional radiology/Urology, Pediatric Surgery)
MD/Equivalent (in Radiology)

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

Disclaimer:

For monitoring and administering the claim management process of **Nephrostomy- Percutaneous ultrasound guided**, 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:

Nephrostomy - Percutaneous ultrasound guided: Percutaneous nephrostomy (PCN) is a common interventional procedure for upper urinary diversion and decompression of the renal collecting system, In spite of it being a basic urological procedure, it remains technically

challenging to insert it in the right way and in the right place. PCN can be done under fluoroscopy, ultrasound (USG) or computed tomography guidance.

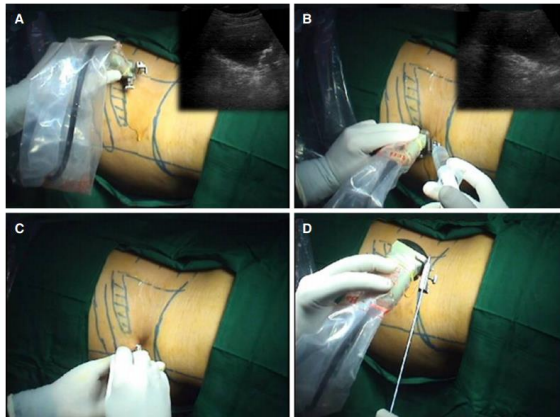
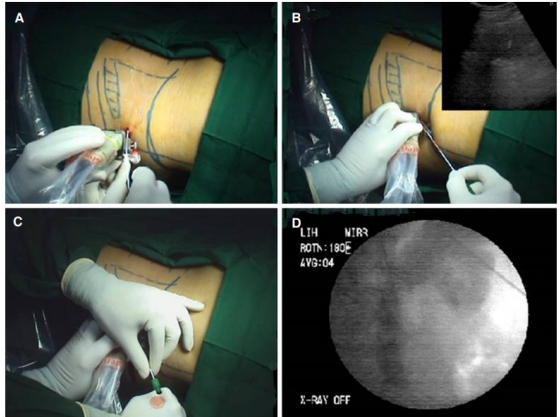
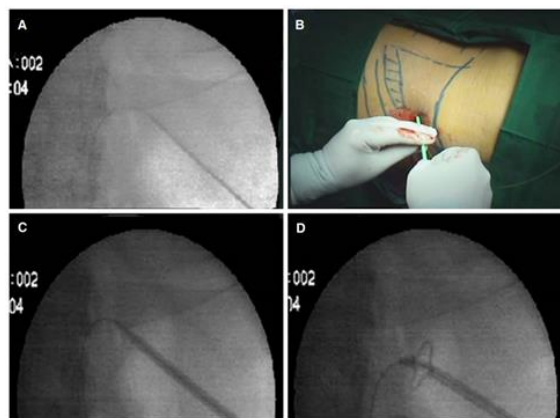
Indications:

- Obstructive uropathy
- **Benign causes:** Impacted ureteric/pelvis calculi with secondary hydronephrosis (HN), HN associated with pregnancy, Pelvic ureteric junction obstruction, Ureteric stricture disease, Retroperitoneal fibrosis, Urosepsis, Pyonephrosis.
- **Malignant causes:** HN secondary to carcinoma cervix/prostate, HN secondary to tumor of urinary tract.
- **For providing route of access:** antegrade ureteral stent placement, Chemotherapy, antifungal, antibiotic therapy, benign stricture dilatation, stone retrieval, endopyelotomy.
- **For diagnostic procedures:** Whitaker test, antegrade pyelography, biopsy.

Procedure:

USG to decide site of percutaneous puncture: USG of the diseased kidney from medial aspect (Para spinal), Puncture technique, Guide wire insertion, Tract dilatation, Insertion of nephrostomy over guide wire

Detailed step by step numbered medical illustration of PCN

<p>1</p> 	<p>2</p> 
	<p>1) USG of the diseased kidney started from medial aspect and advancing laterally; (B) local anesthetic injected at the site selected for percutaneous access directing along the intended line of tract placement (puncture guide - dotted line in inset); (C) skin incision is made using No. 11 surgical scalpel; (D) a 15-cm, diamond-tipped, 18-gauge two-part trocar needle is engaged in needle attachment connected with the USG probe. USG: ultrasound guidance</p> <p>2) (A) Tip of the needle is engaged first through the skin incision site; (B) as the needle is advanced its tip is seen along the dotted line; (C) egress of urine after removing needle stellate; (D) dye study for calyceal delineation as seen on fluoroscopy.</p> <p>3) (A) Guide wire is introduced and parked into ureter under fluoroscopy; (B) tract dilatation using single step fascial dilator (14 Fr) over the guide wire using rotatory screw movements of hands; (C) dilator and guide wire should be in straight line and any guide wire kinking or buckling of kidney is avoided; (D) Malecon in place with its opened flower end.</p>

* *Jairath 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	Nephrostomy - Percutaneous ultrasound guided
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG report confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes	Yes
c. 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	Nephrostomy - Percutaneous ultrasound guided
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 USG suggestive of diagnosis and need for the PCN procedure 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 Detailed Procedure / Operative Notes submitted?	Yes
c. 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 USG report Indicative of procedure? Yes

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

References:

- 1) Jairath, Ankush, Arvind Ganpule, and Mahesh Desai. "Percutaneous nephrostomy step by step." Mini-Invasive Surgery 1 (2017): 180-185.
- 2) Lodh, Bijit, et al. "Ultrasound guided direct percutaneous nephrostomy (pcn) tube placement: stepwise report of a new technique with its safety and efficacy evaluation." Journal of Clinical and Diagnostic Research: JCDR 8.2 (2014): 84.