



Guidance document for processing PM-JAY packages

Ureterocele incision

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram	Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram	S700058	SU035A	15,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology)

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

Disclaimer:

For monitoring and administering the claim management process of **Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram**, 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:

Ureterocele: is a cystic out-pouching of the distal ureter into the urinary bladder, these are congenital anomalies results in obstruction of urine flow, dilation of the ureter and renal pelvis

and loss of renal function. Ureterocele may also association with **single or duplex** collecting systems and may be intravesical (**orthotopic**) or extravesical (**ectopic**).

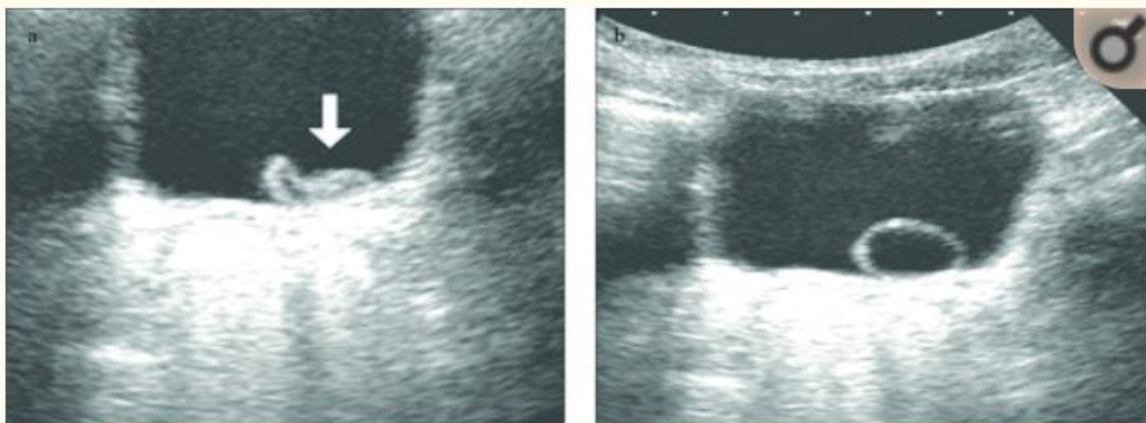
Indications: Symptomatic with UTI, Asymptomatic with Hydronephrosis, Hematuria, Vesicoureteral reflux (VUR), hydroureter.

Management: Aim of Management includes maximal preservation of renal function, prevention and treatment of VUR, prevention of bladder outlet obstruction and bladder wall defects, maintaining continence and the removal of any potential source of infection.

Procedures involve: Endoscopic puncture, Incision or transurethral unroofing of the ureterocele, Upper pole heminephrectomy, Excision of ureterocele and ureteral reimplantation, Nephroureterectomy.

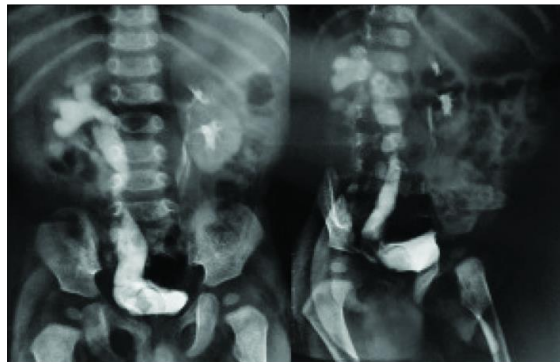
- **Cystoscopy** used to puncture and decompression of the Ureterocele. The incision was made at the infero-medial aspect of the ureterocele and on the dependent portion of large ureterocele.
- **Ureteric catheterization:** Urethral catheterization is a routine medical procedure that facilitates direct drainage of the urinary bladder.
- **Retrograde Pyelogram:** A retrograde pyelogram is a type of X-ray that allows visualization of the bladder, ureters, and renal pelvis, is performed during the cystoscopy, evaluation of the bladder with an endoscope.

Ultrasound image of a simple left ureterocele (A) Filling phase (B) Emptying phase



* Hemanshi Shah et.al. 2017

Intravenous Pyelogram



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	Ureterocele Incision
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/IVP/CT-IVP confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Evidence of cystoscopy, ureteric catheterization, retrograde pyelogram	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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/ IVP/CT-IVP report are indicative of procedure? Yes

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



References:

1. Shah, Hemanshi, et al. "Transurethral incision of ureteroceles in paediatric age group." Turkish Journal of Urology 43.4 (2017): 530.
2. Thomsen, Todd W., and Gary S. Setnik. "Male urethral catheterization." N Engl J Med 354.21 (2006): e22.
3. Schultza, Karin, and Lia Yoneka Todab. "Genetic Basis of Ureterocele." Current genomics vol. 17,1 (2016): 62-9.
4. Newman, Diane K. "The indwelling urinary catheter: principles for best practice." Journal of Wound Ostomy & Continence Nursing 34.6 (2007): 655-661.
5. <https://radiopaedia.org/articles/retrograde-pyelography>