



## Guidance document for processing PM-JAY packages

### Ureterolithotomy

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)
Ureterolithotomy	Open	S700037	SU018A	20,000	4
Ureterolithotomy	Lap.	S700038	SU018B	20,000	3

#### Minimum qualification of the treating doctor:

**Essential:** MCh/DNB or Equivalent (in Urology, Pediatric surgery)

**Special empanelment criteria/linkage to empanelment module:** Availability of Laparoscopic surgery.

#### Disclaimer:

For monitoring and administering the claim management process of **Ureterolithotomy**, 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.

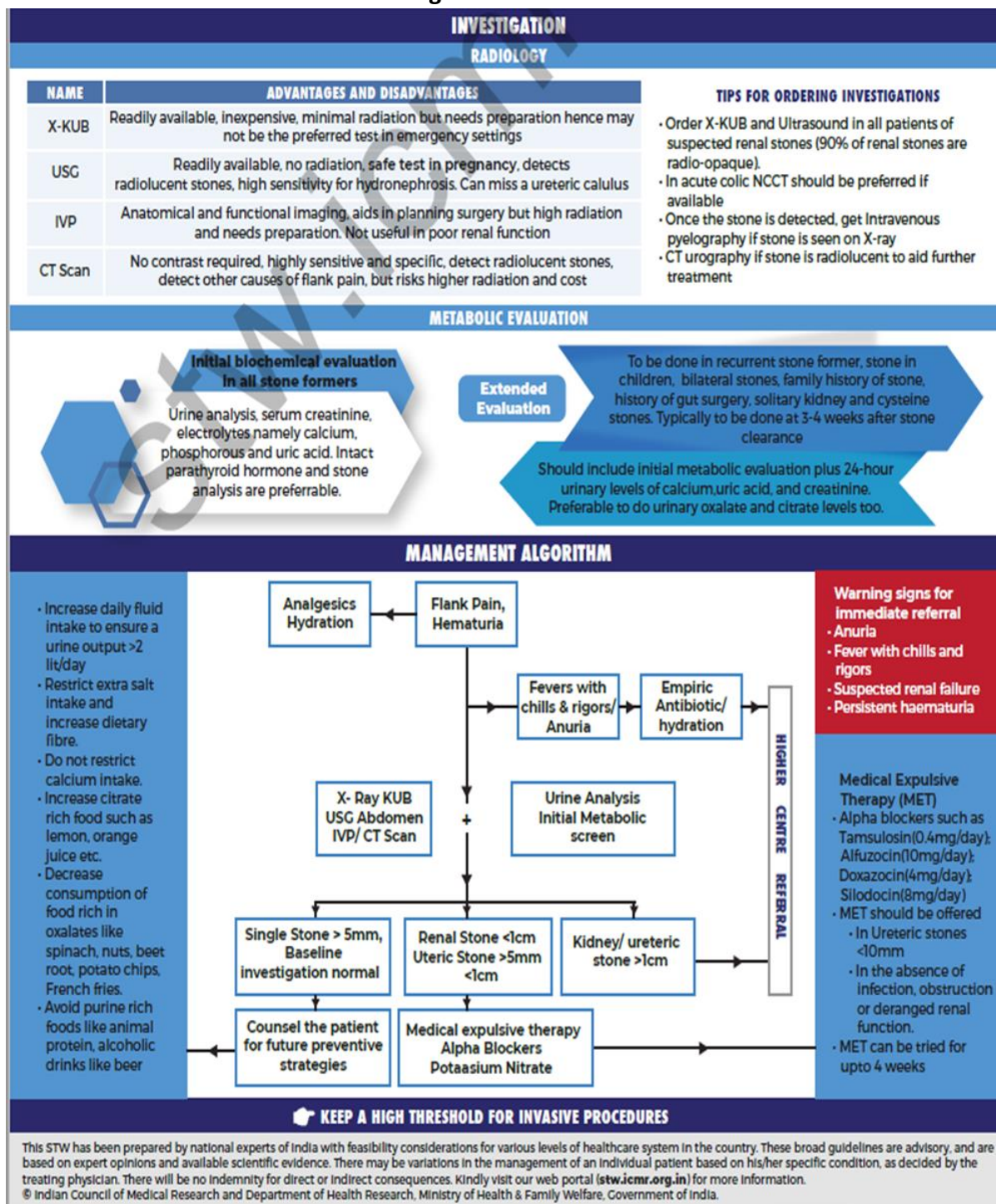
#### **1.2 Clinical key pointers:**

**Ureterolithotomy Open. & Lap.:** refers to the open or laparoscopic surgical removal of a stone from the ureter. Symptoms: renal colic, pain is typically intermittent/constant, radiation of pain into the ipsilateral groin or testicle varies from severe, sharp/stabbing pain to a dull ache. Urine analysis and urine microscopy is positive for occult blood.

**Management: Open Surgical Procedure:** In case Ureteric stones involving significant ureteral strictures that prevent endoscopic access.

**Laparoscopic procedure:** Laparoscopic ureterolithotomy is an alternative to open surgery for removing large stones that are not amenable to endoscopic treatment.

### ICMR STW for management of renal & Ureteric stones



### Follow up:

- A CT urogram usually performed 3-6 months postoperatively to rule out a stricture or residual stones, also, Ultrasound can be used to evaluate for silent hydronephrosis.
- Evaluate for metabolic risk factors, and further stone formation.

### 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	Ureterolithotomy Open. & Lap.
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Intravenous urography (IVU)/ Non-contrast-enhanced CT/CT-IVP reports confirming the need for surgery	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Post procedure Imaging (X Ray/USG) showing stone removed	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Drugs 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	Ureterolithotomy Open. & Lap.
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes

b. Was the Intravenous urography (IVU)/ Non-contrast-enhanced CT/CT-IVP reports confirming the need for surgery submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes
b. Was the Post procedure Imaging (X Ray/USG) showing stone removed reports submitted?	Yes
c. Was the Detailed Procedure / Operative Notes submitted?	Yes
d. 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 findings and Intravenous urography (IVU)/ Non-contrast-enhanced CT/CT-IVP reports indicative of current procedure? Yes

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

#### **References:**

1. Standard Treatment Workflow (STW) for the management of Neck Space Infection, ICD N20.0 by Department of Health Research, Ministry of Health and Family Welfare, Government of India.
2. Abolyosr, Ahmad. "Laparoscopic transperitoneal ureterolithotomy for recurrent lower-ureteral stones previously treated with open ureterolithotomy: initial experience in 11 cases." Journal of endourology 21.5 (2007): 525-529.
3. Skrepetis, K., et al. "Laparoscopic versus open ureterolithotomy." European urology 40.1 (2001): 32-37.
4. Tracy, Chad R., et al. "Laparoendoscopic single-site surgery in urology: where have we been and where are we heading?." Nature Clinical Practice Urology 5.10 (2008): 561-568.
5. <https://emedicine.medscape.com/article/451255-treatment#d14>