

Guidance document for processing PM-JAY packages

Boari flap for ureteric stricture

Procedures covered: 2

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (In days)
Boari flap for ureteric stricture	Open	S700052	SU031A	30,000	3
Boari flap for ureteric stricture	Lap	S700053	SU031B	30,000	2

Minimum qualification of the treating doctor:

Essential: MCh/DNB equivalent in Urology

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

Disclaimer:

For monitoring and administering the claim management process of **Boari flap for ureteric stricture**. 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:

Proceed with **Boari flap for ureteric stricture** only if diagnosis made is backed by clinical manifestation

Boari flap is a useful option when the diseased segment of the ureter is too long, or ureteral mobility is too limited to perform a primary ureteroureterostomy.

Ureteral stricture is a narrowing of the lumen of the ureter, the duct that carries urine from the kidneys to the bladder, resulting in an obstruction. Ureteral stricture may arise from a variety of causes and is characterized as either anastomotic or nonanastomotic, depending on how they develop.

- Decreased urine stream
- Incomplete bladder emptying
- Spraying of the urine stream
- Difficulty, straining or pain when urinating
- Increased urge to urinate or more-frequent urination
- Urinary tract infection

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	Boari flap for ureteric stricture
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes	
c. Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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	Boari flap for ureteric stricture
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 Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram 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:

- Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram finding detect structural abnormalities of ureteric segment? Yes

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

References:

- NARUS 2019: Boari Flap - Stepwise Approach to Surgical Management, <https://www.urotoday.com/recent-abstracts/endourology-urolithiasis/minimally-invasive-procedures/110130-narus-2019-boari-flap-stepwise-approach-to-surgical-management.html>