



Guidance document for processing PM-JAY packages

Urinary Tract Infection (UTI)

Package covered/ package count: 1

Specialty: General Medicine; Pediatric Medical Management

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Urinary Tract Infection	M100013	MG021A	1,800/day (General ward) 2,700/ day (HDU)

ALOS: 1- 5 days

Minimum qualification of the treating doctor:

Essential: MBBS;

Desirable: MD/ DNB/ equivalent (Medicine) / MD/ DNB/ PG Diploma/ equivalent (Pediatrics)

Special empanelment criteria /link to empanelment module- None

Disclaimer:

ICMR has issued clinical guidelines for **Management of Urinary Tract Infection** to be followed in country. For monitoring and administering the claim management process of **Urinary Tract Infection**, 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 the ICMR poster and 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:

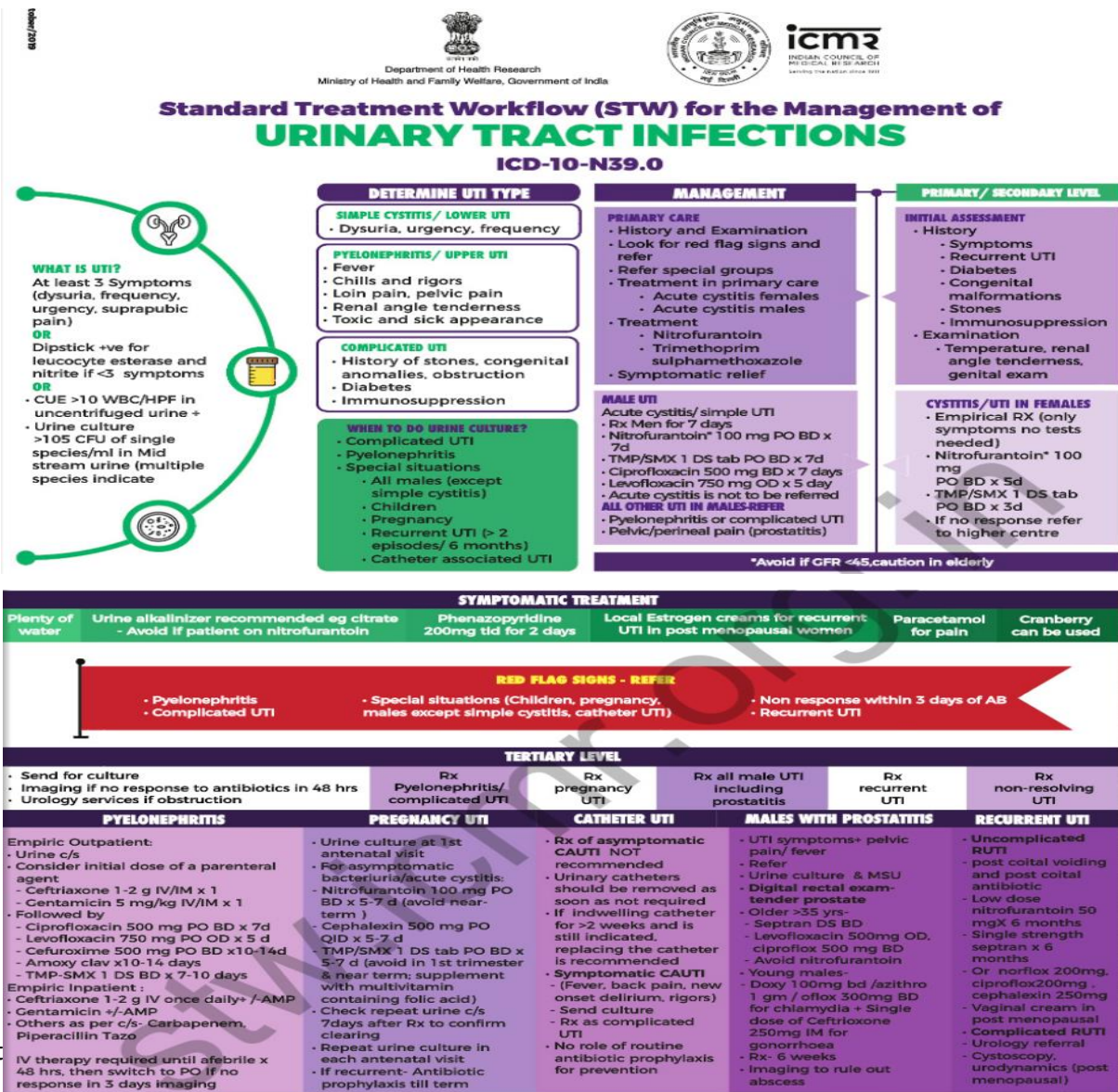
- Proceed for admission for management of Urinary Tract Infection only if indicated

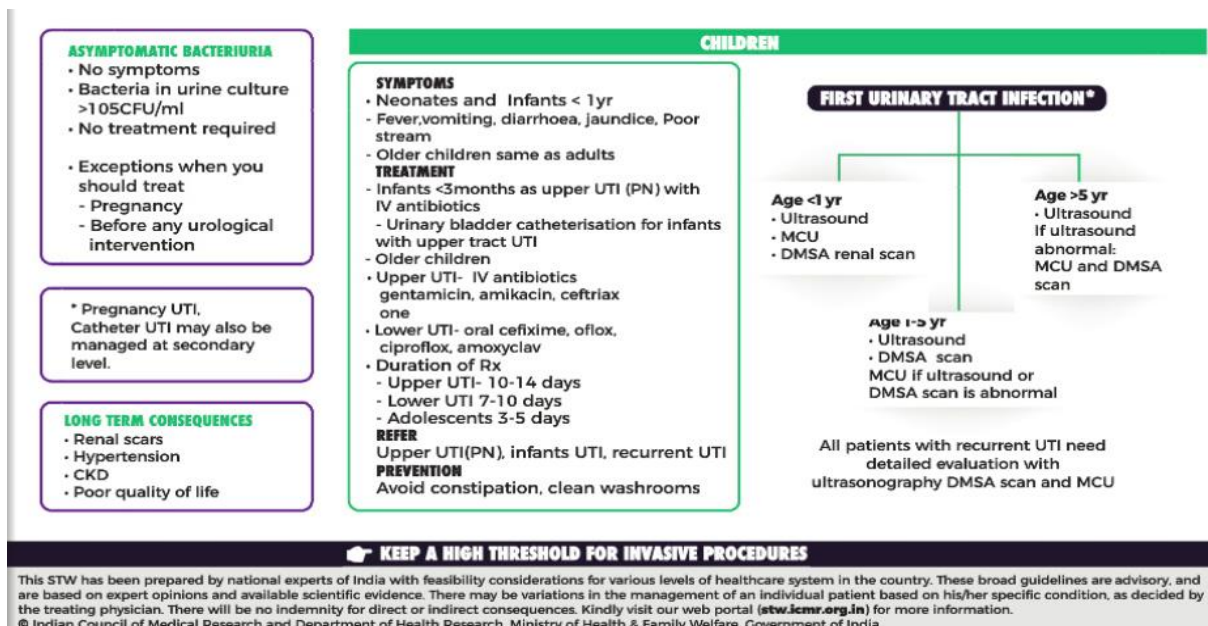
Suggestive Admission criteria:

1. Upper UTI (Pyelonephritis)
2. Complicated UTI
3. Pregnancy UTI
4. Male UTI with prostatitis
5. Catheter UTI
6. Infants UTI
7. Recurrent UTI / Non- Resolving UTI
8. For evaluation of underlying abnormality

- b. The diagnosis made should be backed by clinical signs, symptoms, physical examination, investigations.
- c. Look out for **Red flag signs** (Refer para 1.3 below). If applicable, refer to higher centre for further evaluation and management.

1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)ⁱ- For clinicians/ treating doctor





1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

- At the time of pre-authorization-** Clinical notes, On bed patient photograph.
- At the time of claims submission:**

Detailed treatment and management including:

 - Indoor case papers
 - Prescribed medications including culture sensitive antibiotics
 - Discharge summary
 - All investigations reports
 - Urine culture/ sensitivity
 - Ultrasound KUB, if indicated and available

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

2.2.1 At the time of pre-authorization processing- For pre-authorisation processing doctor (PPD):

- Clinical notes** - detailing past history of UTI (incase of recurrent UTI), risk factors (if any like Diabetes, Pregnancy, Renal or ureteric stone, congenital malformations of the

kidney, etc.), signs and symptoms like fever, chills, pain renal angle, etc. **Suggestive**

Admission criteria:

- i. Upper UTI (Pyelonephritis)
 - ii. Complicated UTI
 - iii. Pregnancy UTI
 - iv. Male UTI with prostatitis
 - v. Catheter UTI
 - vi. Infants UTI
 - vii. Recurrent UTI/ Non-Resolving UTI
- b. Planned line of management
 - c. Photograph of the patient on bed

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Do the documents (clinical notes and physical examination reports) available detail the need for admission (admission criteria)?
- b. Was there documentary evidence of Urine culture/ sensitivity, Ultrasound KUB (if indicated – like no response to antibiotics in 48 hours and if device available)?
- c. In case the patient is Infant/Child, then if indicated (abnormal Ultrasound KUB) in the indoor patient record/ discharge summary.
- d. Is there an evidence of temperature being monitored regularly?
- e. Is there a documentary evidence of medication/ treatment given?
- f. Do the discharge documents show the reasons for discharge / referral criteria (secondary to tertiary); counselling on control of risk factors like diabetes/ water intake, etc.; post discharge treatment advise including follow-up after discharge?
- g. If the patient is in HDU/ ICU following additional questions may be referred:
 - i. Do the documents show a need for admission to HDU/ ICU
 - ii. Is there a documentary evidence to show monitoring in HDU/ ICU

PART III: GUIDELINES FOR IT

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 in case of Urinary Tract Infection:

- i. Simple cystitis/ single episode of Lower UTI- Yes
- ii. Symptoms like fever, chills, pain renal angle, etc.- Yes
- iii. Urine culture done (only at the time of claims)- Yes

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

Acknowledgment:

ⁱ Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have



been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.