



Guidance document for processing PM-JAY packages

Ureteric reimplantation

Procedures covered: 2

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Ureteric reimplantation	Open	S700044, S700045	SU030A	U/L - 23000 B/L - 33000	3
Ureteric reimplantation	Lap.	S700046, S700047	SU030B	U/L - 23000 B/L - 33000	2

Minimum qualification of the treating doctor:

Essential: MCh/DNB/equivalent (in Urology, Pediatric surgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Ureteric reimplantation**, 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 **Ureteric reimplantation** only if diagnosis made is backed by clinical manifestation

- Strong, persistent urge to urinate
- Burning sensation when urinating
- Urine Inconsistency
- Cloudy urine

- e. Pain in side (flank) or abdomen

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	Ureteric reimplantation
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. CT-Intravenous pyelogram (IVP) /MRI Urogram + Micturating Cysto-urethrogram (MCU) CT-IVP/MRI Urogram report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Operative notes / Procedure notes	Yes
c. Intra-operative Clinical Photograph	Yes
d. 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 documents	Ureteric reimplantation
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes
b. Was the CT-Intravenous pyelogram (IVP) /MRI Urogram + Micturating Cysto-urethrogram (MCU) CT-IVP/MRI Urogram report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers submitted?	Yes
b. Was the Detailed Procedure/Operative notes submitted?	Yes
c. Was the Intra-operative clinical photograph submitted? (Optional)	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:

Ureteric reimplantation:

- I. Does the patient present with the history of UTI, urinary incontinence? Yes

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

References:

1. Guidelines on Ureteric reimplantation, Gov. of Maharashtra
2. <https://urobop.co.nz/our-services/id/79>
3. <http://www.indianjurol.com/article.asp?issn=0970-1591;year=2007;volume=23;issue=4;spage=414;epage=419;aulast=Thakre>
4. https://urology.ucsf.edu/sites/urology.ucsf.edu/files/uploaded-files/basic-page/ureteral_reimplantation_surgery_6.pdf
5. <http://www.jiaps.com/article.asp?issn=0971-9261;year=2019;volume=24;issue=1;spage=4;epage=14;aulast=Sharma>