



Guidance document for processing PM-JAY packages

Renal Cyst deroofing or Marsupialization

Procedures covered: 2

Specialty: Urology / Pediatric surgery

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price(INR) |
|--|----------------|--------------|--------------|--------------------|
| Renal Cyst deroofing or Marsupialization | Open | S700034 | SU002A | 25,000 |
| Renal Cyst deroofing or Marsupialization | Lap. | S700035 | SU002B | 25,000 |

ALOS: 2 Days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Laparoscopic surgery facility

Disclaimer:

For monitoring and administering the claim management process of **Renal Cyst deroofing or Marsupialization** for 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 Renal Cyst deroofing or Marsupialization only if diagnosis made is backed by clinical manifestation:

Renal cysts are sacs of fluid that form in the kidneys. Most of the time, they are simple kidney cysts, meaning they have a thin wall and only water-like fluid inside. They are fairly common in older people and typically do not cause any symptoms or harm.

- Fever
- Pain or tenderness between the ribs and pelvis
- Upper abdominal pain
- Changes in urinary habits
- Blood in the urine (Hematuria)

Indications:

Simple renal cysts typically have thin walls with no calcification, septation or enhancement shown on contrast studies. Solitary simple cysts are common and are often diagnosed incidentally. In the minority of patients who are symptomatic, pain is the most frequent complaint.

Symptomatic renal cysts can be managed with analgesic medication, needle aspiration (with or without administration of a sclerosant) and open surgical cyst deroofing if aspiration is unsuccessful at relieving symptoms in the long term. In some patients, a nephrectomy may be necessary. Asymptomatic cysts do not usually require any treatment.

Laparoscopic deroofing is not used if there is any suspicion of malignancy. The management of polycystic kidney disease is different from that of simple renal cysts and is therefore not addressed in this guidance.

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 | Renal Cyst deroofing or Marsupialization |
|---|--|
| i. At the time of Pre-authorization | |
| a. Clinical notes including evaluation findings, indication for procedure, and planned line of management | Yes |
| b. USG / CT report | Yes |
| ii. At the time of claim submission | |
| a. Detailed indoor case papers | Yes |
| b. Detailed Procedure / operative notes | Yes |
| c. Intra procedure clinical photographs | 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 | Renal Cyst deroofing or Marsupialization |
|--|---|
| At the time of pre-authorization processing- For pre-authorization processing doctor (PPD): | |
| a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted? | Yes |
| b. Was the USG / CT abdomen report submitted? | Yes |
| 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. Were Intra procedure clinical photographs submitted? | Yes |
| d. Was the Detailed Discharge Summary with all the details 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:

1. Was the Clinical findings and USG / CT scan report indicative of the procedure? Yes

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

Reference:

1. <https://www.nice.org.uk/guidance/ipg226>
2. <https://www.nice.org.uk/guidance/ipg226/chapter/2-The-procedure>
3. <https://www.radiologyinfo.org/en/info.cfm?pg=renal-cyst>