

## Guidance document for processing PM-JAY packages

### Permanent tunneled catheter placement

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)	ALOS (in days)
Permanent tunneled catheter placement as substitute for AV fistula in long term dialysis	Permanent tunneled catheter placement as substitute for AV fistula in long term dialysis	New Package	SU097A	30,000	2

#### Minimum qualification of the treating doctor:

**Essential:** MCh/DNB or Equivalent (in Urology, Vascular surgeon), DM (Nephrology)

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

#### Disclaimer:

For monitoring and administering the claim management process of **Permanent tunneled catheter placement**, 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:

**Permanent tunneled catheter placement:** In general, preferred route of vascular access in chronic kidney disease patients is an arteriovenous fistula (AVF) rather than grafts, but it has complications such as thrombosis, hemorrhaging, and infection are common, resulting in lower graft patency. As an alternative placement of a tunneled (cuffed) permanent catheter

in the internal jugular vein is considered as Permanent tunneled catheter placement as substitute for AV fistula in long term dialysis

**Indications for this procedure includes:**

- To avoid complications from AVF such as thrombosis, hemorrhaging, and infection are common, resulting in lower graft patency.

**Investigations:** USG, Creatinine/ RFT reports

**Management:** In most cases right internal jugular vein was the preferred site. Further evaluation of the internal jugular vein is done by ultrasound to demonstrate the relation of the vein with the adjoining artery, its size, patency, and absence of intraluminal clots.

**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	Retrograde Intrarenal Surgery with Laser Lithotripsy
<b>i. At the time of Pre-authorization</b>	
a. Detailed Clinical notes detailing need for AV shunt and planned line of treatment & advise for admission	Yes
b. Supporting Evidence of Creatinine/ RFT reports	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Was the Post procedure clinical photograph submitted?	Yes
c. Detailed Procedure/Operative notes	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 document	Retrograde Intrarenal Surgery with Laser Lithotripsy
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Clinical notes detailing need for AV shunt and planned line of treatment & advice for admission submitted?	Yes
b. Was supporting Evidence of Creatinine/ RFT reports submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	
a. Are the detailed indoor case papers (ICPs) with daily vitals and treatment details available?	Yes
b. Was Post procedure clinical photograph submitted?	Yes
c. Was the Detailed Procedure/Operative notes submitted?	Yes
d. Is 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 Clinical notes and Creatinine/ RFT reports are indicative of procedure? Yes

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

#### **References:**

1. Matsunami, Masatoshi, et al. "The use of a tunneled permanent catheter as temporary vascular access in arteriovenous graft patients for long-term patency." Renal Replacement Therapy 5.1 (2019): 1-5.
2. Sampathkumar, K., et al. "Tunneled central venous catheters: Experience from a single center." Indian journal of nephrology 21.2 (2011): 107.