



## Guidance document for processing PM-JAY packages

### Ileal replacement for ureteric stricture

**Packages covered:** 1

**Specialty:** Urology

| Package name                             | Procedure name                           | HBP 1.0 code | HBP 2.0 code | Package price |
|--|--|--------------|--------------|---------------|
| Ileal replacement for ureteric stricture | Ileal replacement for ureteric stricture | S700054      | SU032A       | 46,000        |

**ALOS:** 4 days

**Minimum qualification of the treating doctor:**

**Essential:** MS / M.Ch / DNB/ equivalent (Urology)

**Special empanelment criteria/linkage to empanelment module:** Operation Theatre with Anesthesia facility

#### Disclaimer:

For monitoring and administering the claim management process of **Ileal replacement 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 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 Ileal replacement for ureteric stricture only if diagnosis made is backed by clinical manifestation

Urethral stricture is chronic fibrosis and narrowing of the urethral lumen caused by acute injury, inflammatory conditions, and iatrogenic interventions including urethral instrumentation or surgery and prostate cancer treatment.

- a. Side or back pain
- b. Feeling of fullness
- c. Blood in the urine
- d. Pain worse with increased fluids or alcohol

### 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                         | Ileal replacement for ureteric stricture |
|--|--|
| <b>i. At the time of Pre-authorisation</b> |  |
| Clinical notes                             | Yes                                      |
| Antegrade and Retrograde Pyelography       | Yes                                      |
| Computed Tomography KUB/ Urography         | Yes                                      |
| Diuretic renography/ creatinine clearance  | Yes                                      |
| <b>ii. At the time of claim submission</b> |  |
| Indoor case papers                         | Yes                                      |
| Detailed procedure / operative notes       | Yes                                      |
| 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:**

| Pre-auth processing Doctor (PPD)   | Ileal replacement for ureteric stricture |
|--|--|
| Was the detailed clinical note with symptoms, signs, indications and advice for admission submitted? | Yes                                      |
| Was the Antegrade and Retrograde Pyelography submitted?  | Yes                                      |

|  |     |
|--|-----|
| Was the Computed Tomography KUB or Urography report submitted?         | Yes |
| Was Diuretic renography/ creatinine clearance report submitted         | Yes |
| <b>Claims Processing Doctor (CPD)</b>                                  |     |
| Were the Indoor case papers submitted?                                 | Yes |
| Were the detailed procedure / operative notes submitted                | Yes |
| Was the detailed discharge summary mentioning the follow-up mentioned? | 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:**

- Did Antegrade and Retrograde Pyelography/CT report shows any blockage in the ureter or defect in ureter?

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

#### **References**

- Male Urethral Stricture (2016); <https://www.auanet.org/guidelines/urethral-stricture-guideline>
- Pablo A. Morales, Salah Askari, and Robert S. Hotchkiss; Ileal Replacement of the Ureter; <https://www.auajournals.org/doi/10.1016/S0022-5347%2817%2965882-8>