



Guidance document for processing PM-JAY packages

Endopyelotomy

Procedures covered: 2

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Endopyelotomy	Retrograde with laser / bugbee	S700018	SU038A	25,000	1
Endopyelotomy	Antegrade with laser / bugbee	S700019	SU038B	25,000	2

Minimum qualification of the treating doctor

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

Special empanelment criteria/linkage to empanelment module: Nephoscopy for Antegrade, Ureteroscope for retro grade. Hospital should be equipped with laser

Disclaimer:

For monitoring and administering the claim management process of **Endopyelotomy (Retrograde with laser / Bugbee), Endopyelotomy (Antegrade with laser / Bugbee)**. 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 Endopyelotomy only if diagnosis made is backed by clinical manifestation

Pelviureteric junction (PUJ) obstruction is defined as a functional or anatomic obstruction to outflow of urine from the pelvis to the ureter, which if left untreated leads to deterioration of the affected kidney's function. The problem is commonly encountered in day-to day clinical practice.

- Abdominal mass
- Urinary tract infection with fever
- Flank pain (pain in the upper abdomen or back, mostly with fluid intake)
- Bloody urine (Hematuria)
- Nausea / Vomiting

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	Endopyelotomy
i. At the time of Pre-authorisation	
Clinical notes	Yes
Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram	Yes
Diuretic renogram	Yes
ii. At the time of claim submission	
Detailed Indoor case papers	Yes
Detailed procedure / operative notes	Yes
Bugbee electrode (barcode)	Yes
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:

Pre-auth processing Doctor (PPD)	Endopyelotomy
Was the detailed clinical notes submitted?	Yes
Was the investigation report submitted Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram?	Yes
Was the Diuretic renogram for confirming obstruction and renal function conducted	Yes
Claims Processing Doctor (CPD)	
Was the detailed ICPs submitted?	Yes
Was the barcode of Bugbee electrodesubmitted?	Yes
Was the detailed discharge summary mentioning the follow-up date 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:

- Did the investigation (Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram) confirm the ureteropelvic junction obstruction (UPJO)? Yes

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

References:

- Maj AA Pradhan, Lt Col Rajeev Sood, VSM, Brig P Madhusoodanan, Lt Col AS Sandhu, Lt Col SK Gupta, Sqn Ldr Anil Kumar Endopyelotomy - a Minimally Invasive Surgical Option for Pelvi-ureteric Junction Obstruction : a Study Of 34 Cases, <http://medind.nic.in/maa/t03/i4/maat03i4p320.pdf>, Page 322
- Pratipal Singh, Paresh Jain, Anand Dharaskar, Anil Mandhani, Deepak Dubey, Rakesh Kapoor, Anant Kumar, Aneesh Srivastava; Minimal invasive treatment of ureteropelvic junction obstruction in low volume pelvis: A comparative study of endopyelotomy and laparoscopic nondismembered pyeloplasty, <http://www.indianjurol.com/article.asp?issn=0970-1591;year=2009;volume=25;issue=1;spage=68;epage=71;aulast=Singh>



3. Interventional procedure overview of endopyelotomy for pelviureteric junction obstruction;
<https://www.nice.org.uk/guidance/ipg325/documents/endopyelotomy-for-pelviureteric-junction-obstruction-interventional-procedures-overview-2>