



## Guidance document for processing PM-JAY packages

### ESWL & ESWL Follow Up.

Procedures covered: 2

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Extracorporeal shock - wave Lithotripsy (ESWL)	Extracorporeal shock - wave Lithotripsy (ESWL) stone, with or without stent (one side)	S700026, S700027	SU016A	18,500+ Price of Implant	1
ESWL - Follow Up	ESWL - Follow Up	New Package	SU017A	1,000	Daycare

#### Minimum qualification of the treating doctor:

**Essential:** MS/DNB or Equivalent (in Urology)

**Special empanelment criteria/linkage to empanelment module:** None

#### Disclaimer:

For monitoring and administering the claim management process of **Extracorporeal shock - wave Lithotripsy (ESWL) & ESWL - Follow Up**, 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:**

**ESWL:** Extracorporeal shock wave lithotripsy (ESWL) is a non-invasive method for the treatment of urinary tract calculus in adult. This method causes inoperable disintegration and

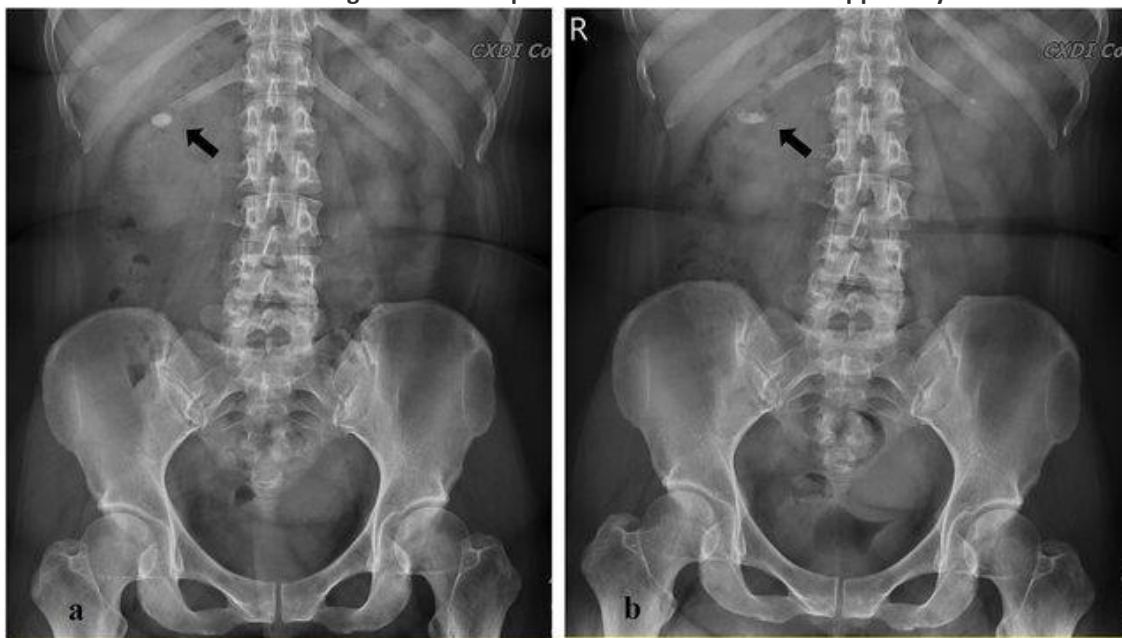
destruction of calculus in urinary and biliary system, applying to the calculus extracorporeal wave produced through the tissues of the body transmitted and focused shock waves.

- **ESWL follow up visit:** In most cases, 2 weeks after the ESWL procedure the follow-up visit is recommended. Is mainly to evaluate any complications: Hematomas, Hemorrhage, Hyperventilation tetany, Blockage of Urinary tract.
- The follow up visit compares both new and the old KUB.
- The efficacy of ESWL lies in its ability to pulverize calculi in vivo into smaller fragments, which the body can then expulse spontaneously.
- **ESWL follow up visit give a chance** to examines any collected stone fragments.

#### Management:

- Blood analysis and 24-hour urine collections measuring for pH, urinary volume, citrate, calcium, oxalate, uric acid, sodium, magnesium, phosphates, and electrolytes can assist in identifying and alleviating risk factors for future stone production.

Pre-ESWL (a) and post-ESWL (b) of right renal upper calyceal stone the stone had been fragmented and split but stood still within the upper calyx.



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### 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	ESWL	ESWL Follow Up
i. At the time of Pre-authorization		

a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes	Yes
b. Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP reports	Yes	No
c. Empaneled Healthcare Providers (EHCP) registered for ESWL	Yes	No
d. Discharge summary of last ESWL performed	No	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed indoor case papers	Yes	No
b. Detailed clinical notes of current visit	No	Yes
c. Was the USG / X-RAY KUB along with Patient ID and Date shows Implant submitted?	Yes	No
d. Intra operative photograph	Yes	No
e. Detailed Procedure/Operative notes	Yes	No
f. Detailed discharge summary	Yes	No

## **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:**

<b>Mandatory document</b>	<b>ESWL</b>	<b>ESWL Follow Up</b>
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>		
a. Was the Clinical notes, detailing signs, symptoms, examination findings, planned line of treatment & advise for admission submitted?	Yes	Yes
b. Was Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP reports submitted?	Yes	No
c. Was Empaneled Healthcare Providers (EHCP) registered for ESWL?	Yes	No
d. Earlier Discharge Summary suggesting follow-up visit submitted?	No	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>No</b>

b. Are the detailed clinical notes of the current visit submitted?	No	Yes
c. Was Post procedure USG / X-RAY KUB along with Patient ID and date report shows Implant?	Yes	No
d. Was the Intra operative photograph submitted?	Yes	No
e. Was the Detailed Procedure/Operative notes submitted?	Yes	No
f. Is the Detailed discharge summary submitted?	Yes	No

### **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 Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP are indicative of procedure (for ESWL Procedure)? Yes

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

#### **References:**

- McAteer, James A., and Andrew P. Evan. "The acute and long-term adverse effects of shock wave lithotripsy." Seminars in nephrology. Vol. 28. No. 2. WB Saunders, 2008.
- Junuzovic, Dzelaludin, et al. "Evaluation of extracorporeal shock wave lithotripsy (ESWL): efficacy in treatment of urinary system stones." Acta Informatica Medica 22.5 (2014): 309.
- <https://emedicine.medscape.com/article/444554-treatment#d12>