

Guidance document for processing PM-JAY packages

URSL / URSL Laser Follow Up

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in Days)
URSL / URSL - Laser - Follow Up	URSL / URSL - Laser - Follow Up	New Package	SU015A	1,000	NA

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology)

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

Disclaimer:

For monitoring and administering the claim management process of **URSL/URSL Laser 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:

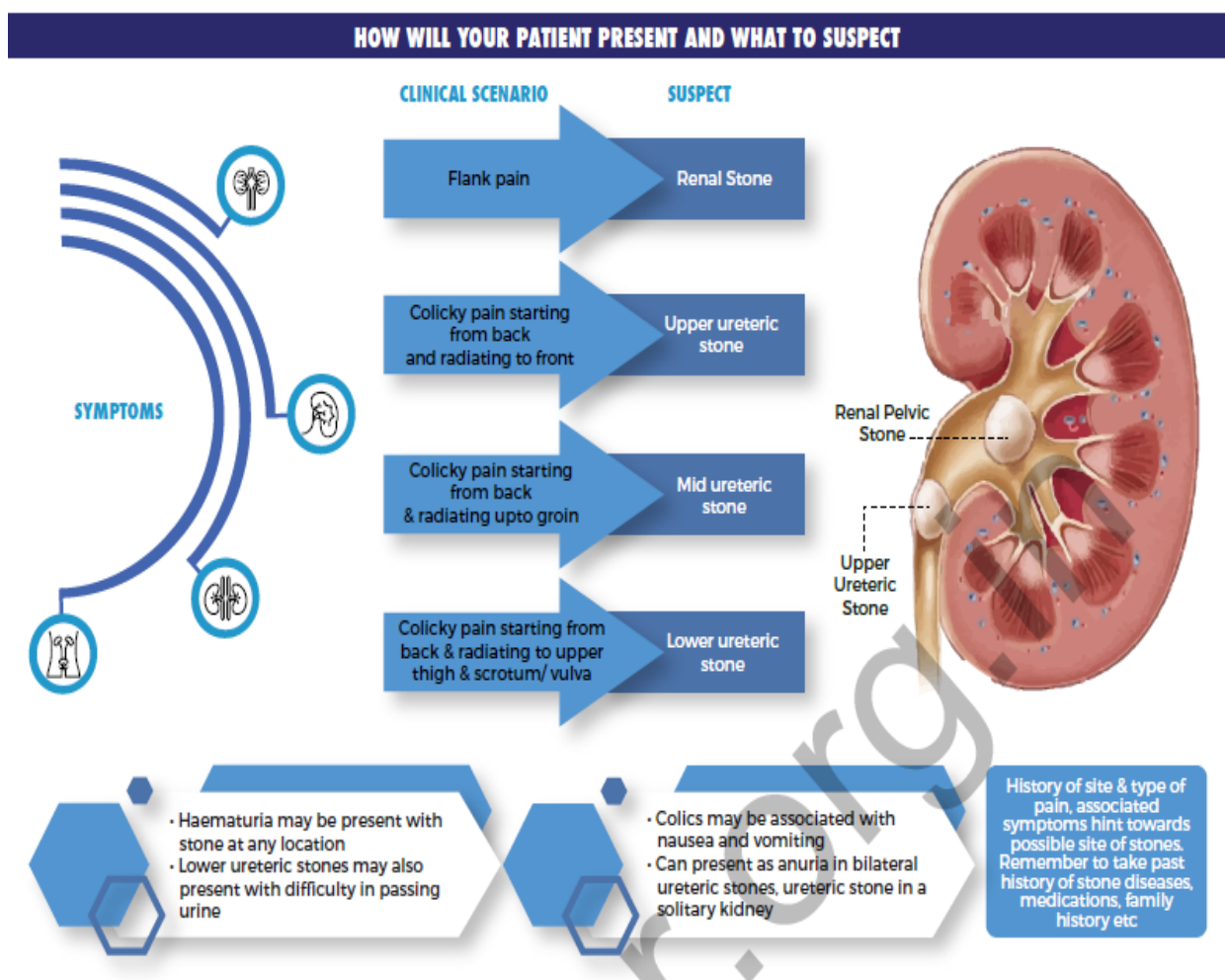
Ureteroscopy and laser stone fragmentation (URSL):

- Colic pain radiating from back to front
- Hematuria may be present or absent
- Difficulty in passing urine
- May be associated with fever, nausea and vomiting

- STANDARD TREATMENT WORKFLOW (DHR-ICMR STW) - For clinicians/ treating doctor

October/ 2020

Standard Treatment Workflow (STW) for the Management of RENAL AND URETERIC STONES ICD N20.0



INVESTIGATION

RADIOLOGY

NAME	ADVANTAGES AND DISADVANTAGES
X-KUB	Readily available, inexpensive, minimal radiation but needs preparation hence may not be the preferred test in emergency settings
USG	Readily available, no radiation, safe test in pregnancy, detects radiolucent stones, high sensitivity for hydronephrosis. Can miss a ureteric calculus
IVP	Anatomical and functional imaging, aids in planning surgery but high radiation and needs preparation. Not useful in poor renal function
CT Scan	No contrast required, highly sensitive and specific, detect radiolucent stones, detect other causes of flank pain, but risks higher radiation and cost

TIPS FOR ORDERING INVESTIGATIONS

- Order X-KUB and Ultrasound in all patients of suspected renal stones (90% of renal stones are radio-opaque).
- In acute colic NCCT should be preferred if available
- Once the stone is detected, get Intravenous pyelography if stone is seen on X-ray
- CT urography if stone is radiolucent to aid further treatment

METABOLIC EVALUATION

Initial biochemical evaluation in all stone formers

Urine analysis, serum creatinine, electrolytes namely calcium, phosphorous and uric acid. Intact parathyroid hormone and stone analysis are preferable.

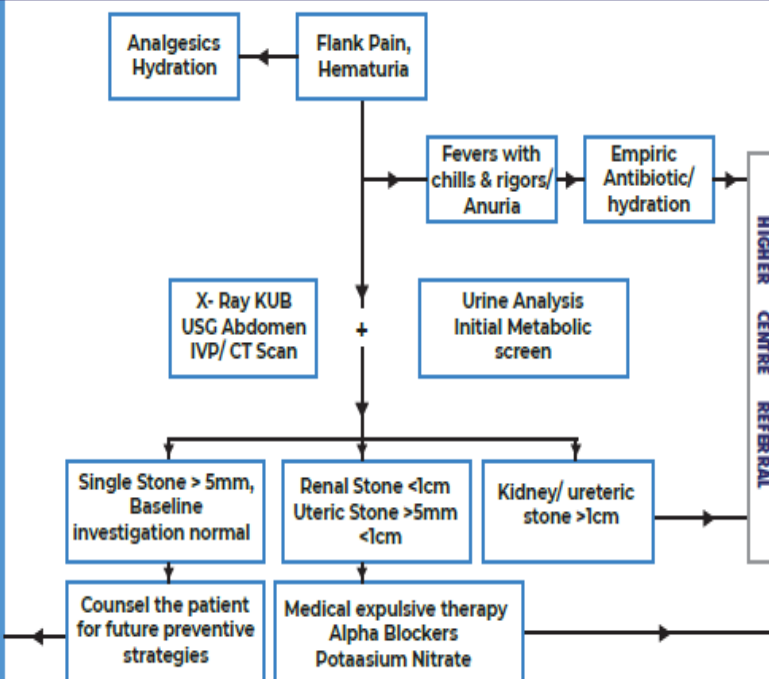
Extended Evaluation

To be done in recurrent stone former, stone in children, bilateral stones, family history of stone, history of gut surgery, solitary kidney and cysteine stones. Typically to be done at 3-4 weeks after stone clearance

Should include initial metabolic evaluation plus 24-hour urinary levels of calcium, uric acid, and creatinine. Preferable to do urinary oxalate and citrate levels too.

MANAGEMENT ALGORITHM

- Increase daily fluid intake to ensure a urine output >2 lit/day
- Restrict extra salt intake and increase dietary fibre.
- Do not restrict calcium intake.
- Increase citrate rich food such as lemon, orange juice etc.
- Decrease consumption of food rich in oxalates like spinach, nuts, beet root, potato chips, French fries.
- Avoid purine rich foods like animal protein, alcoholic drinks like beer



Warning signs for immediate referral

- Anuria
- Fever with chills and rigors
- Suspected renal failure
- Persistent haematuria

Medical Expulsive Therapy (MET)

- Alpha blockers such as Tamsulosin(0.4mg/day); Alfuzocin(10mg/day); Doxazosin(4mg/day); Silodocin(8mg/day)
- MET should be offered
 - In Ureteric stones <10mm
 - In the absence of infection, obstruction or deranged renal function.
- MET can be tried for upto 4 weeks

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.icmr.org.in) for more information.
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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	URSL Laser follow up
i. At the time of Pre-authorization	
a. Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, advise for daycare procedure.	Yes
b. Discharge Summary of last admission for URSL Laser procedure	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure Imaging X Ray/USG	Yes
c. Urine routine report	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	URSL/URSL Laser follow up
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, advise for daycare procedure submitted?	Yes
b. Was the Earlier discharge summary of last URSL performed submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed clinical notes of the current visit submitted?	Yes
b. Was the Post procedure Imaging X Ray/USG submitted?	Yes
c. Was the Urine routine 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 the Discharge Summary of last admission suggestive of follow-up procedure?
Yes

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

References:

1. Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.