



Guidance document for processing PM-JAY packages

Ureteric sampling

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram	S700057	SU036A	11,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent in Urology

Special empanelment criteria/linkage to empanelment module: Care at tertiary care facilities

Disclaimer:

For monitoring and administering the claim management process of **Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram**, 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:

Cystoscopy: Cystoscopy to visualize the urethral mucosa, ectopic ureters, the prostatic urethra, the area of the trigone where urine can be seen entering through the ureters, and the bladder mucosa.

Indications:

- UTIs, Hematuria
- Urine incontinence, retention, urgency
- Urine analysis reports suggests
- Chronic pelvic pain, Interstitial cystitis
- Prostate cancer and prostate enlargement
- Polyp, tumors of Urinary tract

Cystoscope also allows sampling, using a biopsy instrument.

Ureteric catheterization:

Ureteric catheterization is inserted into the ureter to prevent or treat obstruction of the urine flow from the kidney.

Indications: Ureteral Catheters are indicated for use for catheterization of the urinary tract during interoperative procedures, including but not limited to the following applications:

- Ureteral occlusion for injection of contrast media
- Delivery of irrigation fluids to the ureter
- Drainage of fluids from the urinary tract
- Access, advancement or exchange of ancillary devices including guidewires.

Retrograde Pyelogram:

A retrograde pyelogram is a type of X-ray that allows visualization of the bladder, ureters, and renal pelvis, is performed during the cystoscopy, evaluation of the bladder with an endoscope.

During a cystoscopy, contrast dye, which helps enhance the X-ray images, can be introduced into the ureters via a catheter.

Indications:

- Tumors, Renal calculi, Hematuria, Stricture in kidney or Ureters.
- Non-visualization of ureteral segment on intravenous pyelography and CT Urography
- Better characterization of ureteral or pelvicalyceal abnormalities seen on IVU or CTU
- Access for brush biopsies of a suspicious area of urothelium
- Also used to evaluate placement of a catheter or a ureteral stent

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	Ureteric sampling
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. X-ray/USG/CT Scan report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Histopathology report	Yes
c. Detailed Procedure / Operative	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	Ureteric sampling
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the X-ray/USG/CT Scan with patient ID and Date submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor Case Papers with daily vitals and treatment details?	Yes
b. Are the detailed procedure notes available?	Yes
c. Was the Histopathology report submitted?	Yes
d. Was 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 the clinical notes and X-ray/USG/CT Scan report indicative of procedure? Yes

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

References:

1. Thomsen, Todd W., and Gary S. Setnik. "Male urethral catheterization." N Engl J Med 354.21 (2006): e22.
2. Selius, Brian A., and Rajesh Subedi. "Urinary retention in adults: diagnosis and initial management." American family physician 77.5 (2008): 643-650.
3. Newman, Diane K. "The indwelling urinary catheter: principles for best practice." Journal of Wound Ostomy & Continence Nursing 34.6 (2007): 655-661.
4. <https://radiopaedia.org/articles/retrograde-pyelography>
5. <https://www.bostonscientific.com/content/dam/bostonscientific/uro-wh/portfolio-group/ureteral-catheters/pdf/dfu/flexima-catheters-prescriptive-information.pdf>