

## Guidance document for processing PM-JAY packages

### Ureterolysis for retroperitoneal fibrosis

Procedure covered: 2

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in Days)
Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping)"	Open	S700050	SU026A	28,000	3
Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping)	Lap.	S700051	SU026B	28,000	2

#### Minimum qualification of the treating doctor:

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

**Special empanelment criteria/linkage to empanelment module:** At tertiary care and availability of Laparoscopic surgery facility

#### Disclaimer:

For monitoring and administering the claim management process of **Ureterolysis for retroperitoneal fibrosis**, 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:**

**Ureterolysis for retroperitoneal fibrosis:** Retroperitoneal fibrosis (RPF) is characterized by the development of extensive fibrosis throughout the retroperitoneum, typically centred over the

anterior surface of the fourth and fifth lumbar vertebrae and resulting in entrapment and obstruction of retroperitoneal structures, notably the ureters.

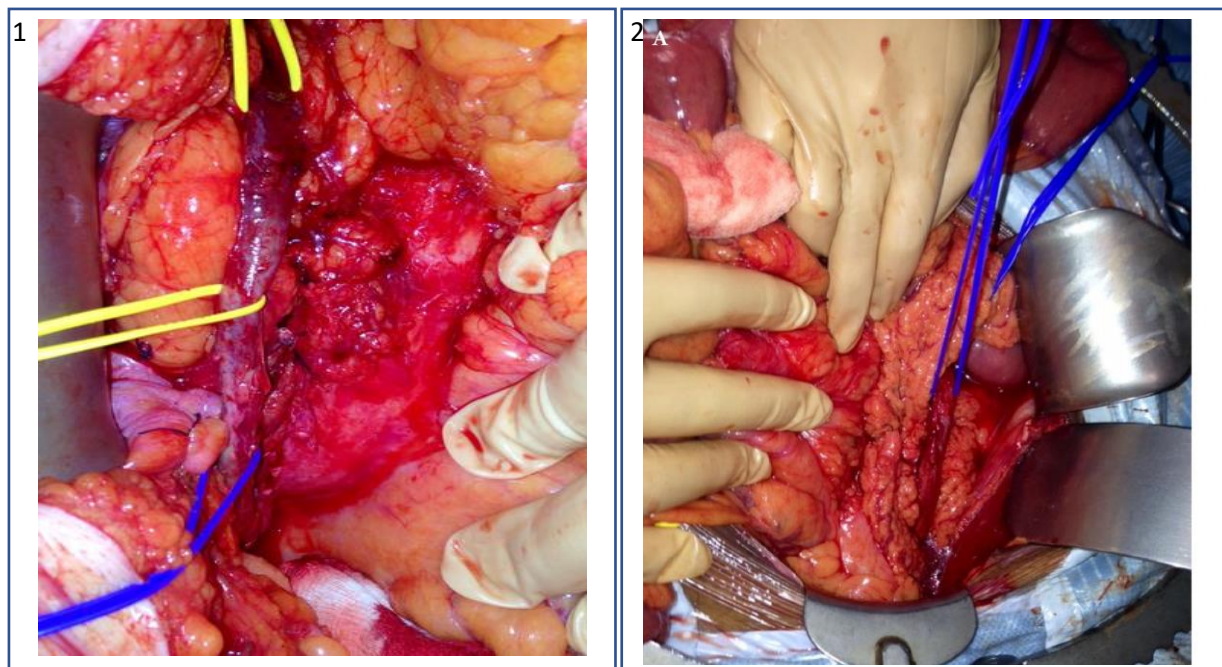
### Indications and Symptoms:

- For the treatment of ureteric obstruction
- Dull, poorly localized, non-colicky pain in the flank, back, scrotum, or lower abdomen.
- In children pain may be referred to the ipsilateral hip or gluteal region, resulting in resistance to hip extension
- Lower extremity oedema, Phlebitis, Deep venous thrombosis.
- RPF can also be associated with Crohn disease, ulcerative colitis, and sclerosing cholangitis.

**Management/Procedure:** Main Aim of management includes; Preserve renal function, prevent other organ involvement, exclude malignancy, relieve symptoms.

**Surgical options:** Open biopsy, ureterolysis, and lateral/intraperitoneal transposition or omental wrapping of the involved ureter.

### Detailed illustration of Ureterolysis for retroperitoneal fibrosis in Open. Surgery



1. Release of ureter from fibrosis

2. Interposition of omental graft between fibrosis and ureter

*\* Tim O'Brien et al. 2017*

### 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	Ureterolysis for retroperitoneal fibrosis
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. CT-IVP/ MRI Urogram report confirming the diagnosis	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers	Yes
b. Intra procedure still photograph	
a. Detailed Procedure / Operative Notes including details of omental wrapping if done	Yes
b. Detailed discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **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:**

- Was the Clinical findings and CT-IVP/ MRI Urogram report indicative of current procedure? Yes

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

### **References:**

- 1) O'Brien, Tim, and Archie Fernando. "Contemporary role of ureterolysis in retroperitoneal fibrosis: treatment of last resort or first intent? An analysis of 50 cases." Bju International 120.4 (2017): 556-561.



- 2) Yachoui, Ralph, Rahul Sehgal, and Brett Carmichael. "Idiopathic retroperitoneal fibrosis: clinicopathologic features and outcome analysis." *Clinical rheumatology* 35.2 (2016): 401-407.
- 3) Birnberg, F. A., et al. "Retroperitoneal fibrosis in children." *Radiology* 145.1 (1982): 59-61.