

Guidance document for processing PM-JAY packages

Pyelolithotomy

Procedures covered: 2

Specialty: Urology, Pediatric surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Pyelolithotomy	Open	S700028	SU024A	28,000	3
Pyelolithotomy	Lap.	S700029	SU024B	28,000	2

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Availability of Laparoscopic surgery facility

Disclaimer:

For monitoring and administering the claim management process of **Pyelolithotomy**, 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:

Pyelolithotomy: is procedure of choice for stones within the renal pelvis, including stones that demonstrated minimal invasion into calyces and infundibulum.

- After introducing extracorporeal shockwave lithotripsy (ESWL) and percutaneous nephropyelolithotomy (PCN), pyelolithotomy has become an uncommon surgery in most countries

Signs and Symptoms:

- Colic pain in lumbar region, Hematuria, Burning micturition, Tenderness in lumbar region

Indications:

- Open Pyelolithotomy:**
 - Stone composition (ie, cystine), or anatomy (ie, ectopic, pelvic, or horseshoe kidney).
 - In cases of Obstruction of a caliceal infundibulum, the ureteropelvic junction, or the lumbar ureter and when volume and configuration of the stones contraindicate extracorporeal shock wave lithotripsy (ESWL) or percutaneous approach.
 - Such as with caliceal stones larger than the renal pelvis. minimally branched staghorn stones in the renal pelvis and excessive morbid obesity.
 - patients who are undergoing major open abdominal or retroperitoneal surgical procedures for other indications;
 - the most common concomitant procedure is open pyeloplasty for ureteropelvic junction (UPJ) obstruction.
- Laparoscopic:** Considered in patients who have renal anomalies, are poorly compliant, and have a large single renal-pelvic calculus.
- Follow up:** an imaging study to confirm the removal of all stone particle, prescribing drugs and Patient education.

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	Pyelolithotomy Open. & Lap.
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. Noncontrast head CT (NCCT) + CT Intravenous Pyelogram (CT IVP) confirming the indication	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operative notes	Yes
c. Post procedure X Ray / USG KUB showing the stone removed	Yes
d. 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:

- I. Was the Clinical notes and Noncontrast head CT (NCCT) + CT Intravenous Pyelogram (CT IVP) report indicative of procedure? Yes

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

References:

1. Kramer, Brandan A., Lara Hammond, and Bradley F. Schwartz. "Laparoscopic pyelolithotomy: indications and technique." *Journal of endourology* 21.8 (2007): 860-861.
2. <https://aiimsrishikesh.edu.in/documents/standard-treatment-guidelines.pdf>
3. Stein, Robert J., et al. "Laparoscopic pyeloplasty with concomitant pyelolithotomy: technique and outcomes." *Journal of endourology* 22.6 (2008): 1251-1256.