



Guidance document for processing PM-JAY packages

Emergency management of Hematuria

Procedures covered: 1 Specialty: Urology, Pediatric Surgery, Emergency Room Packages

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Emergency management of Hematuria	Emergency management of Hematuria	S700157	SU073A	2,000

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: MD in Emergency medicine; MCh / DNB (Urology/Pediatric surgery)

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

Disclaimer:

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

Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

Generally, hematuria is defined as the presence of 5 or more red blood cells (RBCs) per high-power field in 3 of 3 consecutive centrifuged specimens obtained at least 1 week apart. Hematuria can be either gross (i.e. overtly bloody, smoky, or tea-colored urine) or microscopic.

Microscopic or Gross hematuria (Macroscopic and visible): Microscopic hematuria is a commonly seen condition in the emergency department. Macroscopic hematuria has a high diagnostic yield for urological malignancy.

- The majority of patients presenting with macroscopic hematuria can be managed on an outpatient basis, with follow-up arranged under the 2-week cancer target.

Causes: UT

- **Glomerular hematuria:** Brown-colored urine, RBC casts, and dysmorphic (small, deformed, misshapen, sometimes fragmented) RBCs and proteinuria. Glomerulonephritis: Drugs, Infections (Hepatitis, HIV etc.), Vasculitis,
- **Non-glomerular hematuria:** Reddish or pink urine, passage of blood clots, and eumorphic (normal-sized, bi-concavely shaped) erythrocytes. Beyond the Glomerular: Kidney tumors (Malignant), kidney stones, bladder stone/Urethral stones, Lower urinary tract- Tumors, urothelial cancers.

Diagnosis:

- **Based on the clinical history and the physical examination:** Urinalysis (Microscopic review), Urine culture, Phase- contrast microscopy, Electrolyte, Blood urea nitrogen (BUN), and serum creatinine levels, Hematologic and coagulation studies, random urine calcium, serologic testing, Imaging studies (Renal and bladder ultrasonography, CT, Voiding cystourethrography, radionuclide studies)

Management: Hematuria is a sign and not itself a disease; thus, therapy should be directed at the cause. Asymptomatic (isolated) hematuria generally does not require treatment.

Associated symptoms that must be elicited includes ability to pass urine and evidence of clots, fever, urgency and urinary incontinence, which are suggestive of UTI.

Predisposing factors: Occupational history, history of bleeding disorders, History of trauma, History of recent sore throat, travel history etc.

The goals of treatment for macroscopic hematuria in the Emergency Department (ED) are straightforward: RESP:

- R—resuscitate as appropriate,
- E—ensure that urine can drain freely with or without catheter insertion,
- S—safe discharge from the Emergency Department where appropriate,
- P—prompt follow-up and further investigation.

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	Emergency management of Hematuria
i. At the time of Pre-authorization	It's an emergency procedure, pre-auth can be submitted later after patient stabilization
a. Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Urine (Routine/culture) reports	Yes
c. USG Abdomen	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Detailed procedure notes	Yes
c. 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 notes and USG abdomen suggestive of any underline causes for Hematuria? Yes

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

References:

- Hicks, Derek, and Chi-Ying Li. "Management of macroscopic haematuria in the emergency department." Postgraduate medical journal 84.996 (2008): 539-544.
- Bignall, ON Ray, and Bradley P. Dixon. "Management of Hematuria in Children." Current treatment options in pediatrics 4.3 (2018): 333-349.
- <https://emedicine.medscape.com/article/981898-overview>