

Guidance document for processing PM-JAY packages

Nephrostomy (PCN) Follow Up

Packages covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Nephrostomy (PCN) Follow Up	Nephrostomy (PCN) - Follow Up	New Package	SU009A	1,200

ALOS (in days): Daycare

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent in Urology

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

Disclaimer:

For monitoring and administering the claim management process of **Nephrostomy (PCN) - 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:

Percutaneous nephrostomy (PCN) is a common interventional procedure for upper urinary diversion and decompression of the renal collecting system, in spite of it being a basic urological procedure, it remains technically challenging to insert it in the right way and in the right place. PCN can be done under fluoroscopy, ultrasound (USG) or computed tomography guidance.

Indications:

- Obstructive uropathy

- **Benign causes:** Impacted ureteric/pelvis calculi with secondary hydronephrosis (HN), HN associated with pregnancy, Pelvic ureteric junction obstruction, Ureteric stricture disease, Retroperitoneal fibrosis, Urosepsis, Pyonephrosis.
- **Malignant causes:** HN secondary to carcinoma cervix/prostate, HN secondary to tumor of urinary tract.
- **For providing route of access:** antegrade ureteral stent placement, Chemotherapy, antifungal, antibiotic therapy, benign stricture dilatation, stone retrieval, endopyelotomy.
- **For diagnostic procedures:** Whitaker test, antegrade pyelography, biopsy.

Procedure:

USG to decide site of percutaneous puncture: USG of the diseased kidney from medial aspect (Para spinal), Puncture technique, Guide wire insertion, Tract dilatation, Insertion of nephrostomy over guide wire

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	Nephrostomy percutaneous follow-up
i. At the time of Pre-authorization	
a. Clinical notes of the current visit detailing examination findings, previous surgery/procedure, investigations, advise for follow-up procedure.	Yes
b. Discharge Summary of last admission for Nephrostomy (PCN) and the need for follow-up visit	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure USG / X-RAY KUB report	Yes
c. Detailed procedure notes	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	Nephrostomy percutaneous follow-up
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes of the current visit detailing examination findings, previous surgery/procedure, investigations, advise for daycare procedure submitted?	Yes
b. Was the Discharge Summary of last admission for Nephrostomy (PCN) and the need for follow-up visit 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 USG / X-RAY KUB submitted?	Yes
c. Was the Detailed Procedure Notes 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 report of previous visit for Nephrostomy (PCN) Indicative of follow up procedure? Yes

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

References:

- 1) Jairath, Ankush, Arvind Ganpule, and Mahesh Desai. "Percutaneous nephrostomy step by step." Mini-Invasive Surgery 1 (2017): 180-185.
- 2) Lodh, Bijit, et al. "Ultrasound guided direct percutaneous nephrostomy (pcn) tube placement: stepwise report of a new technique with its safety and efficacy evaluation." Journal of Clinical and Diagnostic Research: JCDR 8.2 (2014): 84.