

Guidance document for processing PM-JAY packages

Perinephric Abscess drainage

Procedures covered: 2

Specialty: Urology

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)	ALOS (In days)
Perinephric Abscess drainage	Open	S700033, S700032	SU013A	14,000	2
Perinephric Abscess drainage	Percutaneous	S700032	SU013B	14,000	2

Minimum qualification of the treating doctor:

Essential: MCh/DNB equivalent in Urology

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

Disclaimer:

For monitoring and administering the claim management process of **Perinephric Abscess drainage** 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:

Proceed with **Perinephric Abscess drainage** only if diagnosis made is backed by clinical manifestation

Perinephric Abscess is a collection of suppurative material in the renal parenchyma or perinephric space, with a presentation that is insidious (> 14 d). Perinephric abscess drainage is very important because delay in diagnosis increases the risk of morbidity and mortality.

Indications:

- Occurs secondary to urinary tract obstruction and/or hematogenous spread from infection sites.
- Complication of urologic infection which results from fat necrosis.
- Prolonged bacteremia with *Staphylococcus aureus*
- These abscesses can extend from the Gerota's fascia into the psoas and transversalis muscles as well as the peritoneal cavity and the pelvis.
- Diagnosis should be considered in any patient with fever and abdominal or flank pain.

Diagnosis:

CT scan or USG are accurate diagnosis for this condition.

Management:

- When kidneys are not functioning or are severely infected, nephrectomy (open or laparoscopic) is the classic treatment for perinephric abscesses. Percutaneous drainage is relatively contraindicated in large abscess cavities that are filled with a thick purulent fluid. Treatment is usually with percutaneous drainage and adjunctive antibiotics.
- **Open** surgical debridement with placement of large drains may be necessary if percutaneous drainage is ineffective; Certain conditions, such as renal cortical abscess, enteric fistulas, or multilocular abscesses, may require immediate surgical intervention.
- **Percutaneous** drainage diagnostic aspiration under ultrasonographic guidance carries minimal morbidity. A needle is passed percutaneously into the abscess cavity under ultrasonographic or CT guidance.

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	Perinephric Abscess drainage
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/CT report confirming the diagnosis of perinephric abscess.	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Intra procedure still photograph	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 USG/CT report indicative of the Perinephric abscess drainage procedure ? Yes

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

References:

1. Okafor, Chika N., and Elizabeth E. Onyeaso. "Perinephric abscess." StatPearls [Internet] (2019).
2. <https://emedicine.medscape.com/article/439831-treatment>
3. El-Nahas AR, Faisal R, Mohsen T, Al-Marhoon MS, Abol-Enein H. What is the best drainage method for a perinephric abscess?. Int Braz J Urol. 2010 Jan-Feb. 36(1):29-37. [Medline].