



## Guidance document for processing PM-JAY packages

### Retrograde Intrarenal Surgery with Laser Lithotripsy

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)	ALOS (in days)
Retrograde Intrarenal Surgery with Laser Lithotripsy	Retrograde Intrarenal Surgery with Laser Lithotripsy	New Package	SU095A	30,000	1

#### Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology)

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

#### Disclaimer:

For monitoring and administering the claim management process of **Retrograde Intrarenal Surgery with Laser Lithotripsy**, 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:

**Retrograde Intrarenal Surgery with Laser Lithotripsy:** Retrograde intrarenal surgery (RIRS) described as safe and effective technique as well as better alternative to extracorporeal shock wave lithotripsy (ESWL) and percutaneous nephrolithotomy (PNL). With the advance of endourologic technology, Retrograde Intrarenal Surgery has become second line therapy

in the treatment of the ESWL-resistant lower pole stones and for patients with co-morbidities.

• **Indications for this procedure includes:**

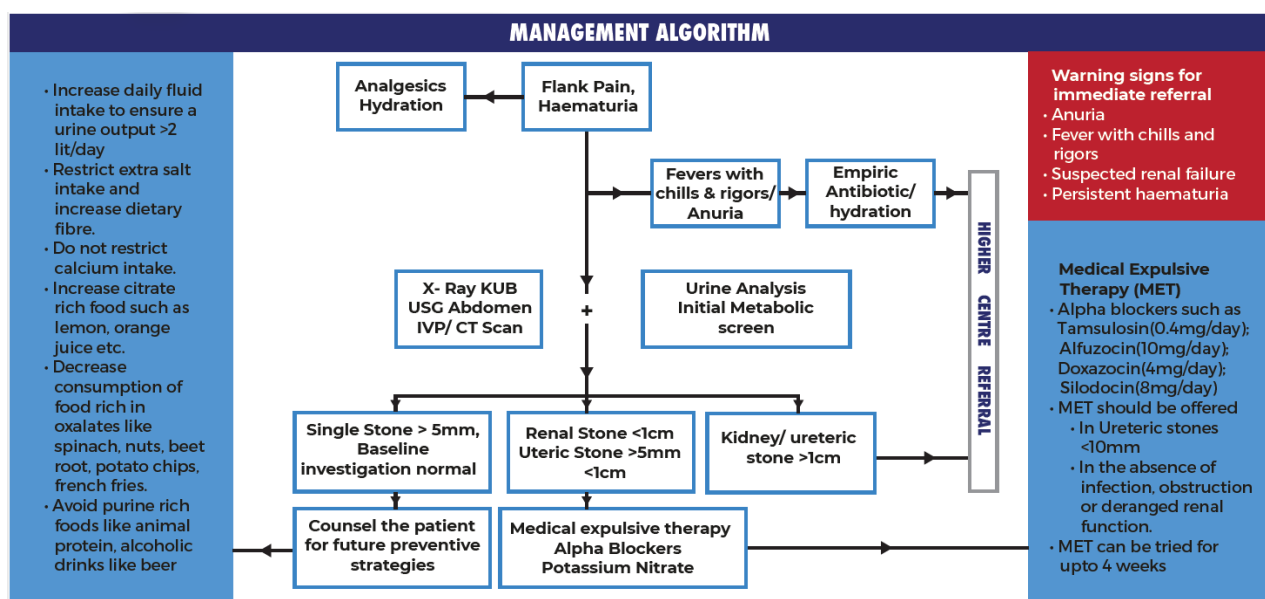
- Large kidney stones to treat with lithotripsy
- Strictures in the kidney, Tumors in the kidney
- Kidney stones in pediatric patients
- Kidney stones with Bleeding disorders
- Grossly obese patients

**Investigations:**

INVESTIGATIONS		
RADIOLOGY		
NAME	ADVANTAGES AND DISADVANTAGES	TIPS FOR ORDERING INVESTIGATIONS
X-KUB	Readily available, inexpensive, minimal radiation but needs preparation hence may not be the preferred test in emergency settings	<ul style="list-style-type: none"> <li>• Order X-KUB and Ultrasound in all patients of suspected renal stones (90% of renal stones are radio-opaque).</li> <li>• In acute colic NCCT should be preferred if available</li> <li>• Once the stone is detected, get Intravenous pyelography if stone is seen on X-ray</li> <li>• CT urography if stone is radiolucent to aid further treatment</li> </ul>
USG	Readily available, no radiation, <b>safe test in pregnancy</b> , detects radiolucent stones, high sensitivity for hydronephrosis. Can miss a ureteric calculus	
IVP	Anatomical and functional imaging, aids in planning surgery but high radiation and needs preparation. Not useful in poor renal function	
CT Scan	No contrast required, highly sensitive and specific, detect radiolucent stones, detect other causes of flank pain, but risks higher radiation and cost	

**Management:** is a retrograde approach involve minimally invasive surgical procedure by flexible ureteroscope introduced into the urethra through the bladder, the ureter, into the kidney, the procedure is done under anesthesia.

- The renal stones can be seen through the scope, then treated with intracorporeallithotriptors and grasping devices.
- At present, RIRS is commonly used to remove stones from the kidney.
- The procedure had to be performed by trained urologist.



### 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	Retrograde Intrarenal Surgery with Laser Lithotripsy
<b>i. At the time of Pre-authorization</b>	
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
b. Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP reports	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes
b. Was the USG / X-RAY KUB along with Patient ID and Date shows stone removed?	Yes
c. Detailed Procedure/Operative notes	Yes
d. Detailed discharge summary	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	Retrograde Intrarenal Surgery with Laser Lithotripsy
<b>i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):</b>	
a. Was the Clinical notes, detailing signs, symptoms, examination findings, planned line of treatment & advise for admission submitted?	Yes
b. Was Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP reports submitted?	Yes
<b>ii. At the time of claim processing- For claims processing doctor (CPD):</b>	

a. Are the detailed indoor case papers (ICPs) with daily vitals and treatment details available?	Yes
b. Was Post procedure USG / X-RAY KUB along with Patient ID and date report shows stone removed?	Yes
c. Was the Detailed Procedure/Operative notes submitted?	Yes
d. Is the Detailed discharge summary 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 Clinical notes and Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP are indicative of procedure? Yes

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

#### **References:**

1. Redondo, C., et al. "Retrograde intrarenal surgery with holmium-YAG laser lithotripsy in the primary treatment of renal lithiasis." ActasUrológicasEspañolas (English Edition) 39.5 (2015): 320-326.
2. Srisubath, Attasit, et al. "Extracorporeal shock wave lithotripsy (ESWL) versus percutaneous nephrolithotomy (PCNL) or retrograde intrarenal surgery (RIRS) for kidney stones." Cochrane database of systematic reviews 11 (2014).
3. Standard treatment workflow (STW) for the management of renal and ureteric stones ICD-N20.0, Indian Council of Medical Research (ICMR).