



## Guidance document for processing PM-JAY package

### Emergency Management of Ureteric Stone

**Packages covered/ package count:1**

**Specialty: Urology**

Package name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines)	S700156	SU094A	5700

**ALOS:** 1 to 2 days

**Minimum qualification of the treating doctor:**

**Essential:** MBBS

**Desirable:** MD/ DNB or equivalent (Medicine)/ MS/ DNB or equivalent (Surgery); MCh or equivalent (Urology)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

ICMR has issued clinical guidelines for **Management of Renal and Ureteric Stones** to be followed in country. For monitoring and administering the claim management process of **Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines)**, 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 the ICMR poster and 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.

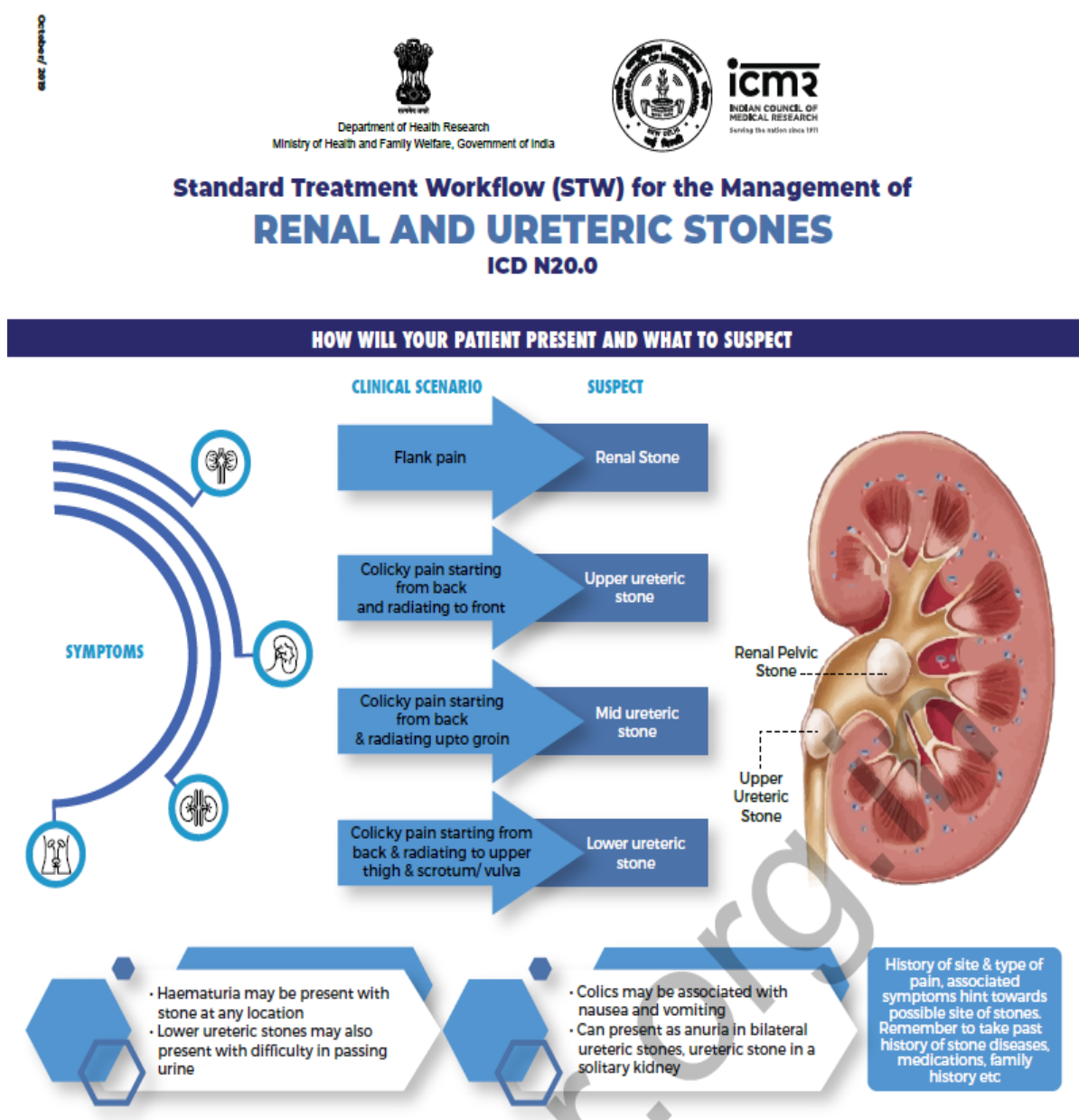
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

#### **1.2 Clinical key pointers:**

- Colic pain radiating from back to front

- b. Hematuria may be present or absent
- c. Difficulty in passing urine
- d. May be associated with fever, nausea and vomiting

### 1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)<sup>i</sup>- For clinicians/ treating doctor



## INVESTIGATION

### 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	• Order X-KUB and Ultrasound in all patients of suspected renal stones (90% of renal stones are radio-opaque).
USG	Readily available, no radiation, safe test in pregnancy, detects radiolucent stones, high sensitivity for hydronephrosis. Can miss a ureteric calculus	• In acute colic NCCT should be preferred if available
IVP	Anatomical and functional imaging, aids in planning surgery but high radiation and needs preparation. Not useful in poor renal function	• Once the stone is detected, get Intravenous pyelography if stone is seen on X-ray
CT Scan	No contrast required, highly sensitive and specific, detect radiolucent stones, detect other causes of flank pain, but risks higher radiation and cost	• CT urography if stone is radiolucent to aid further treatment

### METABOLIC EVALUATION

**Initial biochemical evaluation in all stone formers**

Urine analysis, serum creatinine, electrolytes namely calcium, phosphorous and uric acid. Intact parathyroid hormone and stone analysis are preferable.

**Extended Evaluation**

To be done in recurrent stone former, stone in children, bilateral stones, family history of stone, history of gut surgery, solitary kidney and cysteine stones. Typically to be done at 3-4 weeks after stone clearance

Should include initial metabolic evaluation plus 24-hour urinary levels of calcium, uric acid, and creatinine. Preferable to do urinary oxalate and citrate levels too.

## MANAGEMENT ALGORITHM

- Increase daily fluid intake to ensure a urine output >2 lit/day
- Restrict extra salt intake and increase dietary fibre.
- Do not restrict calcium intake.
- Increase citrate rich food such as lemon, orange juice etc.
- Decrease consumption of food rich in oxalates like spinach, nuts, beet root, potato chips, French fries.
- Avoid purine rich foods like animal protein, alcoholic drinks like beer

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graph TD
    A[Flank Pain, Hematuria] --> B[Analgesics Hydration]
    A --> C[Fevers with chills & rigors/ Anuria]
    A --> D[X- Ray KUB  
USG Abdomen  
IVP/ CT Scan]
    A --> E[Urine Analysis  
Initial Metabolic screen]
    C --> F[Empiric Antibiotic/ hydration]
    F --> G[HIGHER CENTRE REFERRAL]
    D --> H[Single Stone > 5mm,  
Baseline investigation normal]
    D --> I[Renal Stone <1cm  
Uteric Stone >5mm <1cm]
    D --> J[Kidney/ ureteric stone >1cm]
    H --> K[Counsel the patient for future preventive strategies]
    I --> L[Medical expulsive therapy  
Alpha Blockers  
Potaasium Nitrate]
    J --> L
    L --> G
    
```

**Warning signs for immediate referral**

- Anuria
- Fever with chills and rigors
- Suspected renal failure
- Persistent haematuria

**Medical Expulsive Therapy (MET)**

- Alpha blockers such as Tamsulosin(0.4mg/day); Alfuzocin(10mg/day); Doxazocin(4mg/day); Silodocin(8mg/day)
- MET should be offered
  - In Ureteric stones <10mm
  - In the absence of infection, obstruction or deranged renal function.
- MET can be tried for upto 4 weeks

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.  
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#### 1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory document	Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines)
<b>i. At the time of Pre-authorisation</b>	
Clinical notes with indication	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Clinical Notes	Yes
Detail discharge Summary	Yes
Urine analysis including microscopy	Yes
Atleast 2 X-ray KUB / USG (KUB)	Yes
Evidence of 3 weeks medicines	Yes

#### **PART II: GUIDELINES FOR PROCESSING TEAM**

#### **PART III: GUIDELINES FOR IT**

**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:**

1. Was the patient suffering from any of the following symptom- Colic pain radiating from back to front, Hematuria may be present or absent, Difficulty in passing urine, May be associated with fever, nausea and vomiting? Yes

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<sup>1]</sup> Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.