



Guidance document for processing PM-JAY packages

Deflux for VUR followup

Procedures covered: 1

Specialty: Urology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Deflux for VUR followup	Deflux for VUR followup	New Package	SU046A	1,200

ALOS: NA

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology, Pediatric Surgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Deflux of VUR 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:

Proceed with Deflux for VUR only if diagnosis made is backed by clinical manifestation

1. Febrile episodes
2. Anorexia
3. Vomiting
4. Dysuria



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	Deflux for VUR followup
i. At the time of Pre-authorization	
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
b. Discharge summary of last admission for Deflux for VUR	Yes
ii. At the time of claim submission	
a. Detailed clinical papers along with the treatment given	Yes
b. Detailed procedure notes	Yes
c. Intravenous urography (IVU)	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 earlier discharge summary indicative of follow-up procedure? Yes

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

References:

1. <http://www.indianjurol.com/article.asp?issn=0970-1591;year=2013;volume=29;issue=3;spage=173;epage=176;aualast=Chandrasekharam>
2. <http://www.indianpediatrics.net/dec2018/1046.pdf>
3. http://www.aetna.com/cpb/medical/data/500_599/0534.html