



Guidance document for processing PM-JAY packages

Ureterocolycostomy

Procedures covered: 2

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (Days)
Ureterocolycostomy	Ureterocolycostomy - Open	S700020	SU023A	25,000	4
Ureterocolycostomy	Ureterocolycostomy - Laparoscopic	S700021	SU023B	25,000	3

Minimum qualification of the treating doctor:

Essential: MCh / DNB equivalent in (Urology, Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: Tertiary care and laparoscopic surgery facility availability.

Disclaimer:

For monitoring and administering the claim management process of **Ureterocolycostomy** for 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 **Ureterocolycostomy** only if diagnosis made is backed by clinical manifestation

- Flank pain
- Pain in abdomen and can radiate down to the groin



- High fever
- Blood in Urine

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	Ureterocolicostomy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. USG abdomen report	Yes
c. DTPA renal scan report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operative notes	Yes
c. Intra-operative photograph	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 documents	Ureterocolicostomy
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was Clinical notes including evaluation findings, indication for procedure, and planned line of management submitted?	Yes
b. Was the USG abdomen report submitted?	Yes
c. Was the DTPA renal scan report submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers submitted?	Yes



b. Was the Detailed Procedure/Operative notes submitted?	Yes
c. Was the Intra-operative photograph suggestive of the procedure done?	Yes
d. Was the detailed discharge summary submitted with follow up date?	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:**

Ureterocalycostomy:

1. Was the DTPA renal scan report suggestive of abnormalities in ureter junction? Yes

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

References:

1. [https://www.eu-openscience.europeanurology.com/article/S1569-9056\(12\)00005-X/pdf](https://www.eu-openscience.europeanurology.com/article/S1569-9056(12)00005-X/pdf)
2. https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1677-55382003000100002
3. https://www.researchgate.net/publication/303904474_Ureterocalycostomy_-_final_resort_in_the_management_of_secondary_pelvi-ureteric_junction_obstruction_Our_experience