



Guidance document for processing PM-JAY packages

Emergency management of Acute retention of Urine

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|--|--|--------------|--------------|---------------------|
| Emergency management of Acute retention of Urine | Emergency management of Acute retention of Urine | S700158 | SU064A | 2,000 |

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: MBBS

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

Special empanelment criteria/linkage to empanelment module:

Disclaimer:

For monitoring and administering the claim management process of **Emergency management of Acute retention of Urine**, 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 Emergency management of Acute retention of Urine only if diagnosis made is backed by clinical manifestation

- Inability to pass urine
- Suprapubic pain
- Irritability

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 | Emergency management of Acute retention of Urine |
|--|--|
| i. At the time of Pre-authorization | |
| a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission | Yes |
| b. USG abdomen report | Yes |
| ii. At the time of claim submission | |
| a. Detailed indoor case papers | Yes |
| b. Detailed procedure notes with documentation of evidence of simple catheterization and details of how much urine drained | Yes |
| c. Detailed Discharge Summary | Yes |

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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 | Emergency management of Acute retention of Urine |
|--|--|
| At the time of pre-authorization processing- For pre-authorization processing doctor (PPD): | |
| a. Was detailed clinical notes (all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment) are submitted? | Yes |
| b. Was the Ultrasound report submitted? | Yes |
| At the time of claim processing- For claims processing doctor (CPD): | |
| a. Detailed Indoor case papers submitted | Yes |
| b. Was the Detailed procedure and Evidence of simple catheterization and details of how much urine drained submitted? | Yes |

| | |
|-------------------------------|--|
| c. Detailed Discharge Summary | |
|-------------------------------|--|

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:**

Emergency management of Acute retention of Urine:

- I. Was the USG abdomen suggestive of any condition suggestive of urine retention? Yes

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

References:

1. <https://www.aafp.org/afp/2008/0301/p643.html>
2. <https://www.sciencedirect.com/science/article/pii/S1110570415000193>
3. [https://www.europeanurology.com/article/S0302-2838\(19\)30092-2/pdf](https://www.europeanurology.com/article/S0302-2838(19)30092-2/pdf)
4. <https://uroweb.org/wp-content/uploads/EAU-Guidelines-on-the-Management-of-Non-neurogenic-Male-LUTS-2018-large-text.pdf>