



Guidance document for processing PM-JAY packages

Acute management of upper urinary tract trauma – conservative

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Acute management of upper urinary tract trauma – conservative	Acute management of upper urinary tract trauma – conservative	S700159	SU037A	2,000

ALOS: 5 Days

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 **Acute management of upper urinary tract trauma – conservative** 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 Acute management of upper urinary tract trauma – conservative only if diagnosis made is backed by clinical manifestation:

- Hematuria (blood in urine)
- Hypotension (systolic <90 mm/hg)
- Pain in abdomen

- Difficulty in urination

Indications and management:

- Conservative management is the best approach in stable patients
- Angiography and selective embolization are the first line treatments
- Conservative management is also advised in unilateral main arterial injuries, complete, blunt artery thrombosis, as well as in multiple-trauma patients,

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	Acute management of upper urinary tract trauma –conservative
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. USG abdomen report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers with treatment given	Yes
b. Detailed Procedure / Operative notes	Yes
c. 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	Acute management of upper urinary tract trauma-conservative
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes
b. Was the USG abdomen report submitted?	Yes

At the time of claim processing- For claims processing doctor (CPD):	
a. Was the detailed Indoor Case Papers with planned line of treatment submitted?	Yes
b. Was the Detailed Procedure / Operative notes submitted?	Yes
c. Was the Detailed Discharge Summary submitted with the follow-up date mentioned?	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:

Acute management of upper urinary tract trauma – conservative:

1. Did USG report suggestive for any injury? Yes
2. Was patient's systolic blood pressure <90 mm/hg? Yes

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

Reference:

1. Serafetinides, Efraim, et al. "Review of the current management of upper urinary tract injuries by the EAU Trauma Guidelines Panel." *European urology* 67.5 (2015): 930-936.
2. <https://uroweb.org/wp-content/uploads/Serafetinidis-E-et-al.-Eur-Urol-2015-67-930.-Review-of-the-current-management-of-upper-urinary-tract-injuries.-coverpdf.pdf>
3. <https://www.auanet.org/guidelines/urotrauma-guideline>