

## Guidance document for processing PM-JAY packages

### DJ Stenting

Procedures covered: 1

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram	DJ stenting including cystoscopy, ureteric catheterization, retrograde pyelogram	S700055, S700056	SU033A	9800+ Price of Implant

**ALOS: 1 Day**

**Minimum qualification of the treating doctor:**

**Essential:** MCh/DNB or Equivalent in Urology/Pediatric surgery

**Special empanelment criteria/linkage to empanelment module:** Care at tertiary hospital

**Disclaimer:**

For monitoring and administering the claim management process of **DJ Stenting**, 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:**

**Ureteral stents** are placed temporarily into the ureter to drain urine from the kidney into bladder. The stent allows drainage around a stone or can speed up healing after stone surgery.

**A double-J stent** is a ureteral stent with curving ends that prevent the stent slipping into the bladder or the kidney. Usually after several days or few weeks these stents will be removed.

**Indications:** Used as both prophylactic and therapeutic indications. Stents are used for various reasons in patients with kidney stones.

- To help in reducing renal colic or to allow drainage when infection is present or when a stone prevents urine flow adequately.
- Stents are commonly placed after surgery for stones (ureteroscopy) to allow healing and to ensure that swelling does not block the drainage of urine after the procedure.
- Urological and non-urolgical indications:
- Bilateral Calculus obstruction, Bilateral lower ureteric reimplants, Malignant ureteral obstruction
- After bilateral uretero-rensoscopy (URS)

**Procedure:**

- **Retrograde Pyelogram:** A retrograde pyelogram is a type of X-ray that allows visualization of the bladder, ureters, and renal pelvis, is performed during the cystoscopy, evaluation of the bladder with an endoscope. During a cystoscopy, contrast dye, which helps enhance the X-ray images, can be introduced into the ureters via a catheter.
- Initially x-ray images taken with a contrast agent in the ureters to assess the urinary tract and to locate the obstruction, then the stent is placed by sliding it over a guidewire placed in the ureter. After the purpose of stents is over, patients are subjected to DJ stent removal
- Usually the stents are removed one after the another, there are several methods of removing single DJ stent. There are few methods to remove both Double J Stent removal at one go
- The dual DJ removal concept is more relevant when DJ stent is being removed with the help of flexible cystoscope in which case the entire scope needs to be passed again to retrieve the second DJ stent.

**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	DJ stenting
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. CT-IVP/ IVP confirming the diagnosis and the need of this surgery	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers	Yes

b. Post Procedure x-ray showing stent	Yes
a. Detailed Procedure / operation notes detailing findings of cystoscopy/ Retrograde pyelogram and ureteric catheterization	Yes
b. 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:**

<b>Mandatory document</b>	<b>DJ stenting</b>
<b>At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Were the Clinical notes with planned line of treatment submitted?	Yes
b. CT-IVP/ IVP confirming the diagnosis and the need of this surgery is submitted?	Yes
<b>At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Was the detailed indoor case papers with treatment details submitted?	Yes
b. Was the Post Procedure x-ray showing stent submitted?	Yes
c. Detailed Procedure / operation notes detailing findings of cystoscopy/ Retrograde pyelogram and ureteric catheterization submitted?	Yes
d. Was the Detailed discharge summary submitted?	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:**

- I. Are the clinical notes and CT-IVP/ IVP report indicative of DJ Stenting procedure? Yes

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



## References:

1. Yavad, R., et al. "Bilateral double J Stent removal: The way to do it!" Journal of surgical technique and case report 4.2 (2012): 138-139.
2. [https://patients.uroweb.org/treatments/double-j-stent-placement/#Double J-stent placement](https://patients.uroweb.org/treatments/double-j-stent-placement/#Double_J-stent_placement)
3. <https://radiopaedia.org/articles/retrograde-pyelography>