



## Guidance document for processing PM-JAY packages

### Cervical Elongation

**Procedure covered: 1**

**Specialty: Obstetrics & Gynecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Surgeries for Prolapse - Sling Surgeries	Surgeries for Prolapse - Sling Surgeries	S400003	SO013A	28,900 + Implant cost

**ALOS: 5 days**

**Minimum qualification of the treating doctor:**

**Essential: MS/MD/DNB/DGO or equivalent (Obstetrics & Gynecology)**

**Special empanelment criteria/linkage to empanelment module:** Care at Tertiary Hospital

#### **Disclaimer:**

For monitoring and administering the claim management process of **Surgeries for Prolapse - Sling Surgeries**, 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:**

- Abdominal sling operations have been designed for young women suffering from second or third degree uterine prolapse, and who are desirous of retaining their childbearing and menstrual functions.

#### **Indications**



- The operation is indicated in congenital or nulliparous prolapse without cystocele where the cervix is pulled up mechanically through abdominal route
- Previous operation for Prolapsed failed

### Clinical presentation

- Mass protruding through vagina
- Difficulty in sexual activity

### Management

#### Types

- Abdominal
- Laparoscopic

The operations in common practice include:

- Abdominal wall cervicopexy (Purandare's operation)
- Shirodkar's abdominal sling operation
- Khanna's abdominal sling operation

### 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	Surgeries for Prolapse - Sling Surgeries
<b>i. At the time of Pre-authorization</b>	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Abdomen/pelvis	Yes
<b>Optional</b>	Yes
Pap smear	
Indication of implant requirement	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor Case Papers (ICPs)	Yes
Investigation reports (if done)	Yes
Detailed procedure/operative notes	Yes

Intra-operative photographs (optional)	Yes
Implant barcode	Yes
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:**

**2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**

- Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- Did clinical presentation and imaging confirm the diagnosis?
- Was there a documentation of previous prolapsed operation failure? (upload previous operative notes)

**2.2.2 At the time of claim processing- For claims processing doctor (CPD)**

- Are the detailed ICPs with daily vitals and treatment details provided?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge submitted?
- Barcode of the Sling used if applicable?
- Was the clinical presentation indicative of surgery?

## **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:**

- Was the clinical presentation, physical examination, severity and imaging indicative of surgery? Yes
- Is there an evidence of: (No)
  - Pregnancy



- b. Less than 6 weeks post-delivery or post abortion
- c. Suspected lower genital tract malignancy
- d. Short sigmoid mesocolon

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

**References:**

1. Standard Treatment Guidelines Obstetrics & Gynaecology. Health & Family Welfare Department. Government of Maharashtra.
2. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.
3. Jeffcoate`s Principles of Gynaecology. Seventh Edition. 2008