



Guidance document for processing PM-JAY packages

Hysterotomy

Procedure covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Hysterotomy	Hysterotomy	S400005	SO014A	5,000

ALOS: 3 days

Minimum qualification of the treating doctor:

Essential: MS/ MD/ DNB / DGO or Equivalent (in Obstetrics & Gynecology); MBBS with emergency obstetric care training and MTP training certification

Special empanelment criteria/linkage to empanelment module: Facilities with well-equipped operation theatre, anesthesia and anesthetist availability

Disclaimer:

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

Hysterotomy is an operative procedure of extracting the products of conception out of the womb before viability (28th week) by cutting through the anterior wall of the uterus. The operation is usually done through the abdominal route. The operation is rarely done these days for the purpose of Medical Termination of Pregnancy (MTP).

INDICATIONS:

- i. Mid-trimester MTP where other methods have failed or are contraindicated (In case of second trimester abortion consider booking in relevant Medical Termination of Pregnancy (MTP) and refer to the relevant guidelines)
- ii. Fibroids in the lower uterine segment obstructing evacuation
- iii. Completely low-lying placenta (placenta previa)
- iv. Uterine anomalies (uterine didelphys, septate uterus)
- v. Cervical cancer with pregnancy
- vi. Women with multiple previous cesarean delivery (due to the risk of placenta accreta)

COMPLICATIONS:

- Immediate

- (1) Uterine bleeding
- (2) peritonitis
- (3) intestinal obstruction
- (4) anesthetic hazards

All these lead to increased morbidity and an occasional death.

- Remote

- (1) Menstrual abnormality—menorrhagia or irregular periods
- (2) scar endometriosis (1%)
- (3) scar rupture in subsequent pregnancy.

While concurrent sterilization eliminates the hazards but those left exposed to future pregnancy is a concern.

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	Hysterotomy
i. At the time of Pre-authorization	

Detailed Clinical notes with history, symptoms, signs, examination findings and advice for admission	Yes
History and clinical presentation confirming the diagnosis	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Documentation of indication of surgery	Yes
Detailed operative/procedure notes	Yes
Histopathological Examination	Yes
Blood transfusion notes (if blood transfusion was given)	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?
- Was the diagnosis established based on gestation age or imaging?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Was there a documentation of indication of surgery – Preterm labor (<28 weeks)/any anomalies/after failure of medical procedure?
- Was the histopathological examination report submitted?
- Is the Discharge summary with follow-up advise at the time of discharge?

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. Following parameters indicative of surgery:
 - a. Failure of medical procedure? Yes/Not Applicable
 - b. Preterm labor < 28 weeks? Yes/Not Applicable
 - c. Any anomalies? Yes/Not Applicable

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

References:

1. Dutta (2015). Operative Obstetrics. Text Book of Obstetrics including Perinatology & Contraception, (647).