



Guidance document for processing PM-JAY packages

Laparoscopic Adhesiolysis

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laparoscopic adhesiolysis	Laparoscopic adhesiolysis	S400027, S100179	SO023A	6,000

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO/Equivalent (Obstetrics & Gynecology)

Special empanelment criteria/linkage to empanelment module:

Facilities with well-equipped operation theatre, anesthesia and anesthetist availability.
Laparoscopic facility for laparoscopic procedures.

Disclaimer:

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

Adhesions commonly result from abdominal and pelvic surgical procedures. Indications for lysis of adhesions must be individualized to the patient. Certainly, in cases of acute abdomen secondary to intestinal obstruction or perforation, immediate operation and resection are indicated.

Indications

- Chronic pelvic pain
- Infertility
- Endometriosis
- Intestinal obstruction
- Pelvic Inflammatory disease (PID)

Common clinical presentation

- Pain abdomen
- Discharge from vagina (PID)
- Infertility

Indication for Surgery

- Symptoms suggestive of Chronic pelvic pain or endometriosis with adhesions which are unresolved after medical line of management such as NSAID's, Neurolytic agents and hormonal agents (eg: GnRh analogues, Oral Contraceptive pills, progesterone, danazol)
- Patient presented with infertility due to adhesions wherein other causes of infertility have been ruled out
- Patient presented with Pelvic Inflammatory disease with adhesions and medical line of Management (eg: antibiotics and NSAIDS being prescribed)

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	Laparoscopic Adhesiolysis
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Pelvis	Yes
Optional	Yes

Hysterosalpingography (HSG) in case of infertility	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (if done)	Yes
Detailed operative notes	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	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 especially previous surgery, symptoms, signs, physical examination including local examination, indication for procedure, advise for admission, and planned line of treatment?
- Did clinical presentation, history and imaging confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details available?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was there an evidence of failure of medical treatment (prescription) / previous history of surgery (documentation) / infertility (USG/HSG report) 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:

- I. Was the failure of medical treatment documented indicating surgical management?
Yes
- II. Was there an evidence of the following? (No)
 - a. Peritonitis
 - b. Massive abdominal distension
 - c. Severe co-morbid factors affecting heart and lung
 - d. Hemodynamic instability

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. Kavic SM, Kavic SM. Adhesions and adhesiolysis: the role of laparoscopy. *JSLS*. 2002;6(2):99-109.