



## Guidance document for processing PM-JAY packages

### Pelvic inflammatory disease (PID)

**Procedures covered: 1**

**Specialty: Obstetrics & Gynecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laparotomy for benign disorders	PID	S400044	SO040B	14,000

**ALOS: 5 days**

**Minimum qualification of the treating doctor:**

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

**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 **Laparotomy for benign disorders – PID**, 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:**

Pelvic Inflammatory disease (PID) is a spectrum of infections involving female upper genital tract i.e. cervix, uterus, tubes, ovaries and pelvic peritoneum. The disease may have acute or chronic presentation.

Proceed with the PID, after diagnosis is confirmed by the clinical manifestations, and backed by the reasons for such symptoms.

## Causes

- Sexually transmitted diseases
- Post-abortion and puerperal sepsis
- Operative procedures like dilatation and curettage, endometrial biopsy, insertion of intrauterine device

## Clinical Features

- Lower abdominal pain, cervical motion tenderness and adnexal tenderness, fever, cervical discharge and leucocytosis.
- In severe cases patient may be toxic with high-grade fever, vomiting, dehydration, and abdominal distension.
- Long term sequelae can be infertility, ectopic pregnancy, chronic pelvic pain and even mortality can occur in case of ruptured tube-ovarian abscess.
- Failure of acute PID to resolve completely results in chronic PID with features of severe, persistent and progressive pelvic pain, repeated acute exacerbation of PID, tubo-ovarian inflammatory mass, dyspareunia or bilateral ureteral obstruction from ligamentous cellulitis.

## Treatment

### I. Acute PID

The patient can be treated as an outpatient or inpatient depending on the severity of clinical features.

- i) Outpatient treatment- mild PID
  - Either of the following two regimens can be given
  - Follow up after 2 - 3 days of initiation of therapy; patient is re-evaluated for clinical response. If poor response, patient is to be admitted for intravenous antibiotics.
- ii) Indoor treatment- severe illness or nausea and vomiting, HIV positive, unable to follow or tolerate an outpatient regimen and outpatient therapy failed.
  - Bed Rest. Hydrotherapy, if febrile
  - IV fluids in cases of vomiting and dehydration and correction of electrolyte imbalance
  - Monitoring - Clinical condition, vital monitoring, signs and symptoms of pelvic abscess and peritonitis.
  - Either of the following regimens may be instituted at the earliest without waiting for culture reports
  - Consider further diagnostic tests /laparoscopy if symptoms do not improve or worsen.
  - Different procedures may be required in the following situations:
    - Colpotomy for drainage of midline pelvic abscess
    - Dilatation and evacuation of septic products of conception in post-abortion sepsis.

- **Laparotomy in cases of pyoperitoneum, resistant peritonitis, intestinal obstruction, ruptured tubo-ovarian abscess, enlarging pelvic mass despite medical therapy**
- **Laparoscopy:** if diagnosis is uncertain, no response to treatment, to reconfirm the diagnosis, obtain cultures from cul de sac and fallopian tubes and drain pus if necessary.

## II. Chronic PID

- Treatment is surgical, considering pathological lesion, patient's age, and desire for child bearing.
- Definitive surgery is total abdominal hysterectomy with bilateral salpingo-oophorectomy, but in young females conservative surgery is preferred.
- Chronic PID can be due to pelvic tuberculosis – treatment according to the protocol.
- Indications of surgery are: primary unresponsiveness, persistence or enlargement of adnexal mass after 4 - 6 months of treatment, persistence or recurrence of pelvic pain on treatment.

### 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:

<b>Mandatory document</b>	<b>Laparotomy for benign disorders – PID</b>
<b>i. At the time of Pre-authorization</b>	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Hemogram with Erythrocyte sedimentation rate, liver function test, renal function test, serum electrolytes, blood culture	Yes
USG abdomen and pelvis (if adnexal mass)	Yes
<b>Optional</b>	Yes
Endocervical swab culture	
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Investigation reports (if done)	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **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 clinical presentation, severity, imaging and investigations indicative of surgery?  
Yes
- II. Was the requirement of admission documented (severe illness or nausea and vomiting/HIV positive, unable to follow or tolerate an outpatient regimen and outpatient therapy failed, others)? Yes

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

#### **References:**

1. Standard treatment guidelines. 2016. Department of Public Health and Family Welfare. Madhya Pradesh.
2. Standard treatment guidelines. A Manual for Medical Therapeutics. First Edition, 2013. Department of Health and Family Welfare. Government of Gujarat. Gujarat Medical Services Corporation Limited.