



## Guidance document for processing PM-JAY packages

### Laparoscopic Salpingo-oophorectomy

**Procedure covered: 1**

**Specialty:** Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lap. Salpingo-oophorectomy	Lap. Salpingo-oophorectomy	S400026	SO001A	14,000

**ALOS:** 3 days

**Minimum qualification of the treating doctor:**

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

**Special empanelment criteria/linkage to empanelment module:** Care at tertiary hospital; laparoscopic facility for laparoscopic procedures.

#### Disclaimer:

For monitoring and administering the claim management process of **Laparoscopic Salpingo-oophorectomy**, 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:

Salpingo-oophorectomy is the removal of the fallopian tube (salpingectomy) and ovary (oophorectomy).

## Indications

- Elective: Removal of normal appearing ovaries and tubes at the time of a concurrent surgery, commonly a hysterectomy for benign disease, to decrease the risk of development of ovarian pathology, and decrease the need for future procedures
- Malignancy: Ovarian cancer, uterine cancer, or metastases to ovaries from a distant primary malignancy (gastrointestinal, breast, lung carcinoma)
- Risk reducing: Removal of ovaries and tubes in women genetically susceptible to ovarian cancer
- Benign adnexal mass
- Adnexal torsion
- Tubo-ovarian abscess
- Ectopic pregnancy
- Endometriosis
- Chronic Pelvic infection not responding to medical treatment

## Contraindications

- There are no absolute contraindications for a salpingo-oophorectomy. Severe pelvic adhesive disease may influence approach to surgery.

## Management

- A unilateral salpingo-oophorectomy is appropriate for patients in whom an ovary is unable to be preserved, including cases of ruptured ectopic pregnancy with an inability to achieve haemostasis without removal of the tube and ovary, adnexal torsion in which the ovary and tube are necrotic, a tubo-ovarian abscess not responsive to antibiotics, or a benign ovarian mass in which there is no remaining normal ovarian tissue able to be conserved.
- A bilateral salpingo-oophorectomy is generally one of three types: elective at time of hysterectomy for benign conditions, prophylactic in women with increased risk of ovarian cancer, or because of malignancy.

**Note: A laparoscopic approach may be appropriate in cases with low risk of malignancy and smaller sized adnexal mass.**

### Complications

- Vascular injury and bleeding
- Injury to adjacent organs (bowel, bladder, ureter)
- Injury to nerves
- Infection
- Deep venous thrombosis
- Adhesion formation
- Incisional hernia
- Ovarian remnant syndrome

### 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 Salpingo-oophorectomy
<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/CT/MRI Abdomen/pelvis	Yes
<b>Optional</b> Doppler Study of Ovaries CA 125 Tumor marker	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Post procedural USG Abdomen/pelvis	Yes
Histopathological Examination (if applicable)	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):**

- a. *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?
- b. Did clinical examination and imaging confirm the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was the imaging 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 clinical examination  $\pm$  imaging indicative of surgery? Yes

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

### **References:**

1. <https://emedicine.medscape.com/article/1894587-overview#showall>