



## Guidance document for processing PM-JAY packages

### Re exploration after laparotomy / Caesarean Section

**Procedure covered: 2**

**Specialty: Obstetrics & Gynecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Re exploration after laparotomy / Caesarean Section	Re exploration after Caesarean Section	S400071	SO058A	14,000
Re exploration after laparotomy / Caesarean Section	Re exploration after laparotomy	S400071	SO058B	14,000

**ALOS: 5 days**

**Minimum qualification of the treating doctor:**

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

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

**Disclaimer:**

For monitoring and administering the claim management process of **Re exploration after laparotomy / Caesarean Section**, 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:**

- The term "Relaparotomy" (RL) refers to operations performed within 60 days in association with the primary surgery.
- RL is categorized as early or late; radical or palliative; urgent or elective; and, planned or unplanned depending on the performed period, its purpose, urgency, and whether or not it is scheduled, respectively.

- Early relaparotomy is one that is done, within 21 days of the primary surgery.
- Relaparotomy is a serious complication of caesarean section.
- The purpose of the relaparotomy is to relieve intestinal obstruction, maintain homeostasis, prevent infections and carryout delayed curative surgeries.

### Common Indications

- Burst abdomen
- Abdominal hemorrhage
- Bleeding into the peritoneal cavity
- Rectus sheath hematoma
- Subacute intestinal obstruction
- Postpartum haemorrhage
- Post-operative Sepsis
- Bladder/bowel injury

### Most common clinical presentation

- Shock in acute cases
- Severe pain abdomen
- Pallor in chronic cases

The procedures performed during re-laparotomy should be tailored according to the indication of exploration. There is no standard procedure for all cases. Procedures include hysterectomy, uterine artery ligation, Internal iliac artery ligation, Drainage of blood clots and parietal hematoma, securing angles of uterine incision, removal of a foreign body or drainage of pus and suturing abdominal wall and repair of urinary bladder or bowel injuries.

### RL-requiring complications can be categorized into 5 groups:

- Haemorrhage into intestinal canal or abdominal cavity
- Peritonitis that occurs in the absence or presence of a perforation
- Mechanical or paralytical postoperative ileus
- Eventration or evisceration
- Miscellaneous complications

### 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	Re exploration after laparotomy / Caesarean Section
<b>i. At the time of Pre-authorization</b>	

Detailed Clinical notes with history, symptoms, signs, examination findings, indication for planned line of treatment and advice for admission	Yes
Clinical photograph of scar from previous surgery	Yes
USG Abdomen/pelvis	Yes
Coagulation profile	Yes
Complete blood profile	Yes
<b>Optional</b> Sepsis screen	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Detailed operative notes	Yes
Post-op USG Abdomen	Yes
Post-operative scar photo (optional)	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 especially previous surgery details, symptoms, signs, physical examination including local examination, indication for procedure and advice for admission?
- Did clinical photograph of scar from previous surgery (optional), clinical presentation and imaging confirm the requirement of surgery?

**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?
- Was post-op USG report submitted?
- Was requirement of blood transfusion documented (if applicable)?



- e. Is the Discharge summary with follow-up advise at the time of discharge submitted?

### **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 presentation and imaging indicative of surgery? Yes
- II. Was the history of previous surgery documented < 60 days? Yes

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

### **References**

1. Unalp, Haluk & Kamer, Erdinc & Kar, Haldun & Bal, Ahmet & Peskersoy, Mustafa & Onal, Mehmet. (2006). Urgent Abdominal Re-Explorations. World journal of emergency surgery : WJES. 1. 10. 10.1186/1749-7922-1-10.
2. Bijjaragi, B., & M. N., A. (2018). Re-laparotomy in OBG: a clinical study. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 7(4), 1367-1371. doi:<http://dx.doi.org/10.18203/2320-1770.ijrcog20181021>
3. Elkhateeb R, Mahran AEE, Sanad AS, Bahaa HA (2017) Re-Laparotomy after Caesarean Section at a Tertiary Hospital in Egypt: Cross Sectional Study. *Gynecol Obstet (Sunnyvale)* 7: 433. doi: 10.4172/2161-0932.1000433