



Guidance document for processing PM-JAY packages

Pelvic Abscess Management

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Pelvic Abscess Management including Colpotomy	Pelvic Abscess Management including Colpotomy	S100105, S400016	SO038A	1,200

ALOS: 5 days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Well-equipped facility for colpotomy, when indicated

Disclaimer:

For monitoring and administering the claim management process of **Pelvic Abscess Management including Colpotomy** 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:

A pelvic abscess is a life-threatening collection of infected fluid in the pouch of Douglas, fallopian tube, ovary, or parametric tissue. Usually, a pelvic abscess occurs as a complication after operative procedures such as septic abortion, abdominal or vaginal procedures. It starts as pelvic cellulitis or hematoma spreads to parametrial tissue. It can also present as a result of the



complexity of certain medical conditions like sexually transmitted infection, pelvic inflammatory disease, appendicitis, diverticulitis, inflammatory bowel disease.

Presenting symptoms

- The clinical presentation of the pelvic abscess is highly variable
- Patients may present:
 - High-grade fever
 - General malaise
 - Nausea
 - Vomiting
 - Tachycardia
 - Lower abdominal pain
 - Vaginal discharge
 - Vaginal bleeding
 - Retention of urine
 - Change in bowel habit
 - Dyspareunia

The complete physical exam includes a thorough abdominal, vaginal, and rectal examination.

Indications when abscess should be drained:

- Not responding to IV Antibiotic therapy even after 72 hours
- It is painful and abscess is presenting as large swelling on P/V examination proceed for colpotomy

Management

Pelvic abscess must be treated after hospitalization. Mainstay of the treatment is antibiotics, followed by drainage, if required.

- Conservative management
- Surgical management and drainage of the pelvic abscess

1. Colpotomy

Complications

- Ectopic pregnancy
- Infertility
- Chronic pelvic pain

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	Pelvic Abscess Management including Colpotomy
i. At the time of Pre-authorization	
Detailed clinical notes including history symptoms, signs, examination findings, planned line of treatment, and admission advice	Yes
Complete blood count (CBC)	Yes
USG abdomen/pelvis	Yes
Optional CT/MRI Urine culture & sensitivity Chest X-ray Cervical/high vaginal swab culture & sensitivity C-reactive protein (CRP)	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Investigation reports (If required)	Yes
Detailed operative/ procedure notes	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 including previous surgical history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- 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. Was the clinical examination and imaging indicative of surgery?
- d. 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. Did the size of abscess in the ultrasound report necessitate the drainage procedure?
Yes
- II. Did the patient give a history of a surgical procedure in the recent past, followed by signs of infection? Yes/Not applicable

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

References:

1. Khaliq K, Nama N, Lopez RA. Pelvic Abscess. [Updated 2020 Aug 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK545292/>
2. Berek, J., (2020). Genitourinary Infections and Sexually Transmitted Diseases. Berek & Novak's Gynaecology, (816 – 820).
3. Padubidri, V., Daftary, S., (2015). Pelvic Inflammatory Diseases. Shaw's Textbook of Gynecology, (181 – 186).
4. Dutta, D., Konar, H., (2013). Pelvic Infections. D C Dutta Textbook of Gynecology, (126 – 145)