



Guidance document for processing PM-JAY packages

Laparoscopic Surgery for Endometriosis

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laparoscopic Surgery for Endometriosis (Other than Hysterectomy)	Laparoscopic Surgery for Endometriosis (Other than Hysterectomy)	S400054, S400055	SO015A	11,200

ALOS: 3 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 equipment and anesthetist

Disclaimer:

For monitoring and administering the claim management process of **Laparoscopic Surgery for Endometriosis** for 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:

Endometriosis is the presence of endometrial glands or stroma in sites other than the uterine cavity and is associated with pain and subfertility. Surgical interventions aim to remove visible areas of endometriosis and restore the anatomy.



Laparoscopic procedure, diagnostic as well as therapeutic is indicated in the following situations in Endometriosis:

- Infertility
- Chronic pelvic pain
- Failure of medical treatment of endometriosis
- Cyclical symptoms in different organs affected with endometriosis like bladder, rectum, lungs, gastrointestinal tract

Clinical Manifestation

- Inability to conceive
- Pelvic pain:
 - Chronic (mostly)
 - Acute (sometimes)
- Dysmenorrhea beginning after years of pain-free menses, progressively increasing
- Dyspareunia
- *infertility*
- Menorrhagia / Polymenorrhagia
- Cyclical rectal bleeding, constipation, painful defecation
- Cyclical dysuria and/or hematuria
- Cyclical hemoptysis

Management

Based on the assessment of patient clinical symptoms and ultrasonographic findings or on the laparoscopy evaluation, following procedures can be done for management of endometriosis:

- Biopsy of the lesion
- Aspiration of peritoneal fluid in cul-de-sac
- Ablation of Endometrioma
- Excision of larger lesions and chocolate cyst
- Cauterization of the cyst wall
- Adhesiolysis
- Evaluation findings, patient's clinical condition, and decision of the surgeon may convert laparoscopy to laparotomy

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 Surgery for Endometriosis
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line of treatment, advice for admission	Yes
USG Abdomen/pelvis	Yes
Optional <ul style="list-style-type: none"> • MRI / CT Scan • Cystoscopy: urinary symptoms • Sigmoidoscopy: rectal symptoms • CA 125 • Color Doppler • Diagnostic laparoscopy 	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Investigation reports (if required)	Yes
Detailed Procedure / operative notes	Yes
Photograph of the gross specimen removed (optional)	Yes
Histopathology examination report	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 medication history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment and advice for admission?
- Did the history, 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 line of treatment?
- b. Are the detailed procedure / Operative Notes available?
- c. Was the imaging indicative of surgery?
- d. Was the histopathology report submitted?
- e. 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. Was the history, clinical examination and imaging indicative of surgery? Yes

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

References:

1. Padubidri, V., Daftary, S., (2015). Endometriosis and Adenomyosis. Shaw's Textbook of Gynecology, (410 – 422).
2. Berek, J., (2020). Endometriosis. Berek & Novak's Gynaecology, (627 – 680).
3. Handa, V., Van Le, L., (2020). Surgical management of pelvic Pain and Endometriosis. Te Linde's Operative Gynecology, (1079-1080).
4. Duffy JM, Arambage K, Correa FJ, Olive D, Farquhar C, Garry R, Barlow DH, Jacobson TZ. Laparoscopic surgery for endometriosis. Cochrane Database Syst Rev. 2014 Apr 3;(4):CD011031. doi: 10.1002/14651858.CD011031.pub2. Update in: Cochrane Database Syst Rev. 2020 Oct 23;10:CD011031. PMID: 24696265.