



Guidance document for processing PM-JAY packages

Laparoscopic tubal surgeries

Procedure covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)	Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)	S400028, S400058	SO003A	13,900

ALOS: 3 days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Facilities with well-equipped operation theatre, anesthesia and anesthetist availability. laparoscopic facility for laparoscopic procedures.

Disclaimer:

For monitoring and administering the claim management process of **Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)**, 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:

Indications for Laparoscopic Tubal Surgeries (for any indication including ectopic pregnancy):

1. Management of ectopic pregnancy:
 - a. Ultrasonography findings:



- Confirmed tubal pregnancy measuring more than 35 mm
- Concurrent intrauterine pregnancy ruled out
- b. Serum HCG levels
- c. Significant pain abdomen
- d. Failure of medical management of ectopic pregnancy
- e. Facility availability
- f. Surgeon skill
- 2. Removal of peritubal adhesions
- 3. Tuboplasty / Reanastomosis
- 4. Removal of hydrosalpinx and pyosalpinx
- 5. Fimbrioplasty for correction of prefimbrial phimosis

Common presenting symptoms

- Amenorrhea
- Spotting/Bleeding per vaginum
- Pain abdomen:
 - esp. one sided
 - dull/sharp/crampy
 - continuous/ intermittent
- Fainting attacks
- Dizziness
- Shoulder pain
- Past history of:
 - Pelvic Inflammatory Disease
 - Ectopic pregnancy
 - Tubal surgery

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 tubal surgeries (for any indication including ectopic pregnancy)
i. At the time of Pre-authorization	
Detailed Clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line of treatment, and advice for admission	Yes
Serum Beta human chorionic gonadotropin (hCG) titers	Yes

USG abdomen/pelvis	Yes
Optional Culdocentesis – if ultrasound facility is not available (blood collection in pouch of Douglas) Complete blood count Liver and Renal function tests	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Serum Beta hCG level (in case of ectopic pregnancy)	Yes
Histopathological Examination	Yes
USG abdomen/pelvis (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, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment and advise for admission?
- Did the clinical presentation, evaluation findings, and imaging/investigations confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Was clinical evaluation findings, imaging and/or investigations indicative of surgery?
- 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 clinical presentation, severity, imaging, and laboratory investigations, failure of medical management indicative of surgery (for Ectopic Pregnancy)? Yes/Not applicable
- II. Was clinical presentation and imaging indicative of tubal surgery other than Ectopic pregnancy? Yes/Not Applicable

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

References:

1. Padubidri, V., Daftary, S., (2015). Ectopic Gestation. Shaw's Textbook of Gynecology, (293 – 309).
2. Berek, J., (2020). Early Pregnant Loss and Ectopic Pregnancy. Berek & Novak's Gynaecology, (1753 – 1779)