



## Guidance document for processing PM-JAY packages

### Diagnostic Hysteroscopy and Hysteroscopic IUCD Removal

Procedures covered: 3

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Diagnostic Hysteroscopy	With biopsy	New Package	SO016A	6,000	1 day
Diagnostic Hysteroscopy	Without biopsy	New Package	SO016B	6,000	1 day
Hysteroscopic IUCD Removal	Hysteroscopic IUCD Removal	S400033	SO017A	4,700	1 day

#### Minimum qualification of the treating doctor:

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

#### Special empanelment criteria/linkage to empanelment module:

- Facilities with minor operation theatre setting when procedure to be done under local anaesthesia
- Facilities with well-equipped operation theatre with Anesthetist and Anesthesia facility when procedure to be done under general anaesthesia

#### Disclaimer:

For monitoring and administering the claim management process of **Diagnostic Hysteroscopy (with/without biopsy) and Hysteroscopic IUCD Removal** 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:

### Common presentation

#### *For Diagnostic Hysteroscopy*

- One of the following menstrual problems:
  - Irregular vaginal bleeding
  - Intermenstrual bleeding
  - Amenorrhea following a vaginal procedure
- Unexplained infertility
- Recurrent pregnancy loss
- Post-menopausal bleeding
- Primary and secondary amenorrhea

#### *For IUCD removal*

- Non visualization of IUCD thread

### Indications for Diagnostic Hysteroscopy (with biopsy):

- 1) Unexplained abnormal uterine bleeding (AUB)
- 2) Suspicion of endometrial carcinoma and for its staging
- 3) Endometrial hyperplasia
- 4) Endocervical mucosal study in suspected:
  - a. Malignancy
  - b. preinvasive cancer
- 5) Unexplained infertility
- 6) Recurrent pregnancy loss

### Indications for Diagnostic Hysteroscopy (without biopsy):

- 1) Selected infertility cases having abnormal hystero-graphy
- 2) Endometrial polyp and its removal
- 3) Uterine fibroids/submucosal
- 4) Congenital malformation of the uterus (septate, bicornuate)
- 5) Asherman's syndrome
- 6) Cornual tubal blockage
- 7) Unexplained infertility
- 8) Recurrent pregnancy loss (RPL)

### Indications for Hysteroscopic IUCD Removal

- 1) Missing IUCD thread and suspicion of displaced IUCD

### Contraindication for Hysteroscopy procedure:

- Genital tract infection
- Pregnancy
- Cervical stenosis

### Complications

- The most common complications are uterine perforation and bleeding.
- Other more rare and morbid complications are air and CO<sub>2</sub> embolisms, postoperative infections, and severe electrolyte disturbances.

### 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	Diagnostic Hysteroscopy (with biopsy)	Diagnostic Hysteroscopy (without biopsy)	Hysteroscopic IUCD Removal
<b>i. At the time of Pre-authorization</b>			
Detailed clinical notes with history, symptoms, signs, examination findings, indications, and advice for admission	Yes	Yes	Yes
Hemoglobin, Complete blood count	Yes	Yes	Yes
Urine complete examination (CUE)	Yes	Yes	Yes
USG abdomen/pelvis	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>			
Detailed Indoor Case Papers (ICPs)	Yes	Yes	Yes
Diagnostic hysteroscopy	Yes	Yes	--
Histopathology report	Yes	--	--
Photograph of removed IUCD	--	--	Yes
Detailed operative/ procedure notes	Yes	Yes	Yes
Detailed Discharge Summary	Yes	Yes	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 especially medication history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment and advice for admission?
- b. Did the history, clinical examination, and investigation/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/investigation indicative of surgery?
- d. Was the histopathology report submitted as applicable?
- e. Was the photograph of the post-removal IUCD available (if applicable)?
- f. 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 indicative of hysteroscopy? Yes/Not Applicable
- II. Did the patient present with history of IUCD and does not feel the thread? 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). Endoscopy in Gynecology; Birth Control and Medical Termination of Pregnancy. Shaw's Textbook of Gynecology (102 - 104; 271).
2. Handa, V., Van Le, L., (2020). hysteroscopy. Te Linde's Operative Gynecology, (390 – 393; 406).
3. Berek, J., (2020). Gynecologic Endoscopy. Berek & Novak's Gynaecology, (41355 – 1350; 1370 – 1379; 1389 - 1392).