



Guidance document for processing PM-JAY packages

Biopsy

Procedure covered: 3

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Biopsy	Endometrial Aspiration	New Package	SG096B	2,000
Biopsy	Cervix Cancer screening (PAP + Colposcopy)	S400061	SG096C	1,000
Biopsy	Vulval	New Package	SG096E	1,500

ALOS: Daycare

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Care at tertiary hospital

Disclaimer:

For monitoring and administering the claim management process of **Biopsy**, 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

ii.4 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:

KINDLY CONSIDER BOOKING THE RELEVANT PACKAGE FOR RELEVANT GUIDELINES (the list of indications inclusive but not exhaustive)

Endometrial Aspiration

- **Indications**

- Abnormal uterine bleeding
- Endometrial Cancer screening
- Detection of precancerous hyperplasia and atypia
- Follow-up of previously diagnosed endometrial hyperplasia
- Abnormal Papanicolaou smear with atypical cells favoring endometrial origin

- **Contraindications**

- Pregnancy
- Acute pelvic inflammatory disease
- Clotting disorders (coagulopathy)
- Acute cervical or vaginal infections
- Cervical cancer

Cervix Cancer screening (PAP + Colposcopy)

- The Pap test is indicated to screen for malignant and premalignant lesions of the cervix.
- Women with epithelial cell abnormality on pap smear should be further tested with colposcopy and biopsy.
 - The most common indication for colposcopy is an abnormal cervical cancer screening test.
 - Other indications for colposcopy are:
 - Symptoms suggestive of cervical cancer, e.g. profuse foul-smelling vaginal discharge, abnormal or contact vaginal bleeding, postmenopausal bleeding (along with endometrial assessment)
 - Cervical cancer suspected on naked-eye examination of the cervix
 - Follow-up after treatment of cervical precancer
 - Evaluation of other lower genital tract abnormalities (e.g. genital warts, vulvar lesions)

Vulval

- Any patient who reports or is found to have a vulvar lesion must be thoroughly evaluated to rule out malignancy.
- Biopsy must be performed on any suspicious lesions of the vulva, asymptomatic or symptomatic.
- Indications for biopsy include:
 - any grossly suspicious lesion such as a confluent, wartlike mass
 - persistent ulceration or itchy area
 - or change in the colour, elevation, or surface of a lesion

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	Endometrial Aspiration	Cervix Cancer screening (PAP + Colposcopy)	Vulval
i. At the time of Pre-authorization			
Clinical notes with supporting investigations	Yes	Yes	Yes
Indication for procedure	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed indoor case papers (optional)	Yes	Yes	Yes
Other Investigation reports if done	Yes	Yes	Yes
Detailed procedure notes	Yes	Yes	Yes
Intra-procedure photographs (optional)	Yes	Yes	Yes
Histopathological Examination	Yes	Yes	Yes
Detailed Discharge Summary	Yes	Yes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:

- Was the clinical presentation, physical examination \pm supporting investigations indicative of procedure? Yes

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

References:

- Zuber TJ. Endometrial biopsy. Am Fam Physician. 2001 Mar 15;63(6):1131-5, 1137-41. PMID: 11277550.
- Jadhav MV, Phatke AS, Kadgi NV, Rane SR, Kulkarni KK. Endometrial aspiration cytology in gynecological disorders. *J Cytol*. 2016;33(1):13-16. doi:10.4103/0970-9371.175488
- Basu P, Sankaranarayanan R (2017). Atlas of Colposcopy – Principles and Practice: IARC CancerBase No. 13 [Internet]. Lyon, France: International Agency for Research on Cancer. Available from: <https://screening.iarc.fr/atlascolpo.php>.



4. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. *J Low Genit Tract Dis.* 2020;24(2):102-131. doi:10.1097/LGT.0000000000000525
5. Canavan TP, Cohen D. Vulvar cancer. *Am Fam Physician.* 2002 Oct 1;66(7):1269-74. PMID: 12387439.