



Guidance document for processing PM-JAY packages

Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy

Procedures covered/ count: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy	New	SO073A	NRP: 5000 Tier 1: 6300 Tier 2: 5900 Tier 3: 5000

ALOS: Daycare

Minimum qualification of the treating doctor: MS/MD/DNB/DGO/ Equivalent (OB&GYN); MBBS with 6 months training in OBGYN.

Special empanelment criteria/linkage to empanelment module: Secondary/ Tertiary care facility with a minor OT/ procedure room.

Disclaimer:

For monitoring and administering the claim management process of **Biopsy- Cervical, Endometrial EA/ ECC; Vulvar; Polypectomy**, 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 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:

Biopsy- Cervical (Punch biopsy), Endometrial EA/ ECC; Vulvar; Polypectomy

Cervical biopsy can be done in several ways (Punch biopsy/ Cone biopsy/ Endocervical curettage (ECC)). This STG is applicable for Punch biopsy and endocervical curettage. *For Cone Biopsy may refer to specific STG and corresponding package should be booked.*



The tissue thus removed is sent for histopathology examination to test for abnormal/ precancerous/ cancerous conditions of cervix/ endometrium/ vulva.

Indications (The list of indications is inclusive but not exhaustive):

Biopsy- Cervical (Punch biopsy/ Endocervical curettage)

- a. Abnormality found during a PAP test/ VIA/VILI (Visual examination of the uterine cervix, after application of 5% acetic acid (VIA) and/or of Lugol's iodine (VILI))/Colposcopy
- b. Positive test for Human Papillomavirus (HPV)
- c. Overt growth seen on cervix

Biopsy-Endometrial Aspiration

- a. Abnormal uterine bleeding
- b. Detection of precancerous hyperplasia and atypia
- c. Follow-up of previously diagnosed endometrial hyperplasia
- d. Abnormal Papanicolaou smear with atypical cells favoring endometrial origin
- e. Endometrial Cancer diagnosis

Biopsy- Vulval

- a. Any patient who reports or is found to have a any grossly suspicious vulvar lesion such as a confluent, wartlike mass must be thoroughly evaluated to rule out malignancy.
- b. Biopsy must be performed on any suspicious lesions of the vulva, asymptomatic or symptomatic.
- c. Persistent ulceration or itchy area
- d. Change in the colour, elevation, or surface of a lesion

Biopsy- Polypectomy

- a. Small polyp (<3cm size) with easily accessible thin pedicle

Contraindications

- a. Pregnancy (relative contraindication), should only be performed in cases of strong suspicion of invasive cancer
- b. Active cervico-vaginal infection
- c. Patient is on anticoagulant therapy

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:

- i. **At the time of pre-authorization:**
 - a. Detailed Clinical notes with history, symptoms, signs, examination findings, indication for procedure and advice for admission
 - a. Other investigation report (such as PAP test, HPV test, etc.)
- ii. **At the time of claims submission:**
 - a. Detailed indoor case papers clearly indicating the need for performing the procedure
 - b. Detailed Procedure/ Operative notes
 - c. Histopathology form confirming submission of specimen removed for histopathological examination
 - d. Discharge summary with follow-up advice

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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-authorisation processing doctor (PPD)

- a. Are detailed Clinical notes – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure and advice for admission available?

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

- a. Are the detailed Indoor Case Papers available?
- b. Are detailed procedure notes available with indications for the procedure?
- c. Is discharge summary available with follow-up advice at the time of discharge?
- d. Was Histopathology form confirming submission of specimen removed for histopathological examination submitted

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 (at level of MEDCO):

- i. 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.



3.3 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups (at level of AUDIT):

- i. Was there a correlation of biopsy lesion with histopathology report? Yes

References:

1. Cone biopsy, WebMD, Jan 2020, [https://medlineplus.gov/ency/article/003910.htm#:~:text=A%20cone%20biopsy%20\(conization\)%20is,cervix%20is%20called%20cervical%20dysplasia](https://medlineplus.gov/ency/article/003910.htm#:~:text=A%20cone%20biopsy%20(conization)%20is,cervix%20is%20called%20cervical%20dysplasia).
2. Cervical biopsy, John Hopkins Medicine, <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/cervical-biopsy>
3. Diagnosis of Cervical Precancers by Endocervical Curettage at Colposcopy of Women With Abnormal Cervical Cytology, Dec 2018, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5709212/>
4. Zuber TJ. Endometrial biopsy. Am Fam Physician. 2001 Mar 15;63(6):1131-5, 1137-41. PMID: 11277550.
5. 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
6. 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
7. Canavan TP, Cohen D. Vulvar cancer. Am Fam Physician. 2002 Oct 1;66(7):1269-74. PMID: 12387439.