



## Guidance document for processing PM-JAY packages

### Hystero - Laparoscopy with/ without Chromopertubation

Procedures covered/ count: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	Diagnostic Hystero - Laparoscopy with/ without Chromopertubation	New	SO066A	NRP: 15000 Tier 1:18800 Tier 2: 17600 Tier 3: 15000

**ALOS:** 1-3 days

**Minimum qualification of the treating doctor:** MS/MD/DNB/DGO/ Equivalent (OB&GYN) with experience/ training of performing endoscopy.

**Special empanelment criteria/linkage to empanelment module:** Facilities with well-equipped operation theatre, anesthesia and anesthetist availability, laparoscopy & endoscopy facility.

#### **Disclaimer:**

For monitoring and administering the claim management process of **Diagnostic Hystero - Laparoscopy with/ without Chromopertubation**, 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:**

Diagnostic Hystero - Laparoscopy is a minimally invasive procedure that helps in the diagnosis of pelvic pathology in female infertility, and at the same sitting offers an opportunity for minor procedure serving therapeutic purpose for the diagnosed pathology in the uterus, tubes, ovaries, or peritoneum, and thus decreasing the need for a repeat procedure. It is usually performed as a diagnostic procedure, however in some cases it may be converted to a therapeutic procedure to avoid the need of repeat procedure.

**Indications include (indicative and not exhaustive):**

- a. Infertility primarily for diagnosis & minor surgical intervention of (endometriosis, pelvic inflammatory disease, adnexal adhesions, polycystic ovarian syndrome, uterine malformations, endometrial polyps, uterine fibroids, etc.)
- b. Benign uterine pathology
- c. Unexplained/ intractable pelvic pain

**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, planned line of treatment, and advice for admission
  - b. USG Abdomen/ pelvis
- ii. **At the time of claims submission:**
  - a. Detailed indoor case papers clearly specifying the indication for performing the diagnostic +/- therapeutic procedure.
  - b. Detailed Procedure/ Operative notes
  - c. Discharge summary with follow up advice
  - d. Intra-operative stills (optional)

**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, planned line of treatment and advise for admission available?
- b. 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)**

- a. Are the detailed Indoor Case Papers with daily vitals and treatment details available?



- b. Are detailed operative notes available with indications for and outcomes of the procedure?
- c. Did the intra-op findings confirm the clinical findings/ investigations report?
- d. Is discharge summary available with follow-up advice 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 (at level of MEDCO):**

- I. Was clinical presentation and imaging indicative of requirement of diagnostic hystero-laparoscopy with/ without chromopertubation? Yes/Not Applicable
- II. Were the OT notes suggestive of converting the diagnostic procedure to therapeutic hystero-laparoscopy? Yes/ No

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

#### **References:**

1. Role of hystero-laparoscopy with chromopertubation as a diagnostic cum therapeutic tool in evaluation and treatment of female infertility, 2019, <https://journal.barpetaogs.co.in/pdf/0615.pdf>
2. Hysterolaparoscopy: A Gold Standard for Diagnosing and Treating Infertility and Benign Uterine Pathology, Aug 2021, <https://www.mdpi.com/2077-0383/10/16/3749/htm>
3. Role of diagnostic hysterolaparoscopy in the evaluation of infertility, 2016, IJRCOG, <https://www.ijrcog.org/index.php/ijrcog/article/view/600>