



Guidance document for processing PM-JAY packages

Electro Cauterization / Cryo Surgery (of Cervix)

Procedure count/ Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Electro Cauterization / Cryo Surgery (of cervix)	Electro Cauterization / Cryo Surgery	S400070	SO044A	4,000

ALOS: Daycare

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module:

Facilities with Minor OT

Disclaimer:

For monitoring and administering the claim management process of **Electro Cauterization / Cryo Surgery**, 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:

Electro cauterization and cryo surgery techniques treat dysplasia by tissue destruction.

Indications:

- 1) Cervical erosion associated with chronic cervicitis
- 2) Chronic cervicitis
- 3) CIN 1 (Cervical Intraepithelial Neoplasia) that has persisted for 24 months
- 4) CIN 2 fulfilling following criteria:
 - a) Small lesion (less than 1 cm)
 - b) Ectocervical location only
 - c) Negative endocervical sample
 - d) No endocervical gland involvement on biopsy

Contraindications:

- 1) Tuberculosis of the cervix
- 2) Cervical dysplasia on preprocedural endocervical curettage where lesion extends beyond the treatable area
- 3) Cancer of the cervix (suspected / proved)
- 4) Syphilitic ulcer

Suggestive History – Examination – Investigations for Electro cauterization / Cryo Surgery

History	Examination	Investigations
<ul style="list-style-type: none"> • Profuse cervical discharge, • Low backache, abdominal pain • LMP must be recorded & procedure must be done in post-menstrual period. 	<ul style="list-style-type: none"> • Per speculum examination 	<ul style="list-style-type: none"> • PAP smear with appropriate report (for cervical cytology) • Complete Blood Counts (optional) • Colposcopy (optional)

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	Electro cauterization/ Cryo Surgery
i. At the time of Pre-authorization	

Detailed clinical notes with history, symptoms, signs, examination findings, indications, and advice for admission	Yes
Patient is in post-menstrual phase	Yes
Pap smear – mandatory or Colposcopy (optional) findings, if available	Yes
ii. At the time of claim submission	
Detailed clinical notes	Yes
Investigation reports	Yes
Detailed operative/ procedure notes	Yes
Post procedure instructions	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:**

1. Do the clinical examination findings justify the need for the procedure? Yes

PART IV: GUIDELINES FOR AUDITORS:

The auditors must monitor the following parameters in the health facility on a routine basis:

1. No. of pap smears conducted in the health facility
2. No. of electrocautery procedures done in the health facility
3. No. of electrocautery procedures done in the health facility without pap smear
4. Qualification of the person performing the electrocautery in the health facility
5. No. of electrocautery procedures done in the health facility as a percentage of total gynaecology patients seen in the health facility.

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

References:



1. Padubidri, V., Daftary, S., (2015). Inflammation of the Cervix and Uterus. Shaw's Textbook of Gynecology, (184-189).
2. Padubidri, V., Daftary, S., (2015). Cervical Intraepithelial Neoplasia, Carcinoma Cervix. Shaw's Textbook of Gynecology, (491-492).
3. Handa, V., Van Le, L., (2020). Surgery for Preinvasive Diseases of the Cervix. Te Linde's Operative Gynecology, (660-661).
4. Berek, J., (2020). Intraepithelial Diseases of the Cervix, Vagina and Vulva. Berek & Novak's Gynaecology, (862-863).
5. Hoffman, B., Schorge, J., Bradshaw, K., Halvorson, L., (2016). Treatment of Preinvasive Ectocervical Lesions. Williams Gynecology, (988 – 991).