



Guidance document for processing PM-JAY packages

Hysteroscopic Adhesiolysis

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Hysteroscopic adhesiolysis	Hysteroscopic adhesiolysis	S400031	SO022A	6,900

ALOS: 1 day

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module:

Facilities with well-equipped operation theatre, anesthesia and anesthetist availability

Disclaimer:

For monitoring and administering the claim management process of **Hysteroscopic Adhesiolysis**, 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:

Hysteroscopic adhesiolysis is a blunt or sharp dissection using mechanical, electrosurgical instruments, Versapoint bipolar electrode or laser methods. Different techniques have been described depending on the severity of the intrauterine synechia.

- Hysteroscopy is the optimum route for treatment of Asherman's syndrome
- **Asherman's syndrome:** This condition refers to the presence of fibrosis and adhesions inside the cervical canal or the uterine cavity.

- Intrauterine synechiae or adhesions are caused by trauma to the endometrium. This can result from repeated uterine cavity surgery e.g. dilatation and curettage (D&C), postpartum hemorrhage procedures and infection.
- More than one session of operative hysteroscopy may be required to treat moderate to severe cases. Recurrence is higher in those with more significant adhesions initially.
- Treatment technique is largely influenced by the nature, extent and site of the intrauterine injury.
- In most cases, menstruation improves following treatment.
- Regarding fertility restoration – pregnancy rate of 50% in treated patients has been reported but with increased complication rate including pregnancy loss and abnormal placentation (especially placenta accreta)

Symptoms associated with Asherman's syndrome:

- Can be completely asymptomatic
- Menstrual disturbances – mostly amenorrhea but also hypomenorrhoea
- Cyclic abdominal pain
- Subfertility
- Ectopic pregnancy
- Spontaneous miscarriage
- Premature delivery
- Abnormal placental implantation

Evaluation

Diagnosis is based on suspicion in patients investigated for secondary amenorrhea or oligomenorrhoea with or without infertility. The diagnosis is confirmed by:

- Hysteroscopy – the gold standard for accurate diagnosis
- Hysterosalpingography (HSG) – the radiological findings of filling defects confirm the diagnosis in 85% of cases. HSG has the added advantage of providing information on tubal patency
- Sonohysterography

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	Hysteroscopic Adhesiolysis
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Pelvis/Abdomen	Yes
Optional Hysterosalpingography (HSG) in case of infertility Sonohysterography Hysteroscopy	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (If done)	Yes
Detailed operative/procedure notes	Yes
Detailed Discharge Summary	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):

- Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment and advice for admission?
- Did history and imaging confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was imaging indicative of surgery?

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 hysteroscopy findings indicative of surgery? Yes

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

References:

1. <https://elearning.rcog.org.uk/uterine-cavity-surgery/hysteroscopic-adhesiolysis>