



Guidance document for processing PM-JAY packages

Laparoscopic Adhesiolysis

Procedures covered: 1

Specialty: Obstetrics & Gynecology

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|---------------------------|---------------------------|---------------------|--------------|---------------------|
| Laparoscopic adhesiolysis | Laparoscopic adhesiolysis | S400027, S100179 | SO023A | 6,000 |

ALOS: 2 days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module:

Facilities with well-equipped operation theatre, anesthesia and anesthetist availability.
Laparoscopic facility for laparoscopic procedures.

Disclaimer:

For monitoring and administering the claim management process of **Laparoscopic 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:

Adhesions commonly result from abdominal and pelvic surgical procedures. Indications for lysis of adhesions must be individualized to the patient. Certainly, in cases of acute abdomen secondary to intestinal obstruction or perforation, immediate operation and resection are indicated.

Indications

- Chronic pelvic pain
- Infertility
- Endometriosis
- Intestinal obstruction
- Pelvic Inflammatory disease (PID)

Common clinical presentation

- Pain abdomen
- Discharge from vagina (PID)
- Infertility

Indication for Surgery

- Symptoms suggestive of Chronic pelvic pain or endometriosis with adhesions which are unresolved after medical line of management such as NSAID's, Neurolytic agents and hormonal agents (eg: GnRh analogues, Oral Contraceptive pills, progesterone, danazol)
- Patient presented with infertility due to adhesions wherein other causes of infertility have been ruled out
- Patient presented with Pelvic Inflammatory disease with adhesions and medical line of Management (eg: antibiotics and NSAIDS being prescribed)

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 | Laparoscopic 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 | Yes |
| Optional | Yes |

| | |
|--|-----|
| Hysterosalpingography (HSG) in case of infertility | |
| Planned line of treatment | Yes |
| ii. At the time of claim submission | |
| Detailed indoor case papers | Yes |
| Investigation reports (if done) | Yes |
| Detailed operative notes | Yes |
| Detailed Discharge Summary | Yes |
| Blood transfusion notes (if blood transfusion was given) | 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:

- I. Was the failure of medical treatment documented indicating surgical management?
Yes
- II. Was there an evidence of the following? (No)
 - a. Peritonitis
 - b. Massive abdominal distension
 - c. Severe co-morbid factors affecting heart and lung
 - d. Hemodynamic instability

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

References:

1. Standard Treatment Guidelines Obstetrics & Gynaecology. Health & Family Welfare Department. Government of Maharashtra.
2. Kavic SM, Kavic SM. Adhesions and adhesiolysis: the role of laparoscopy. *JSLS*. 2002;6(2):99-109.