



## Guidance document for processing PM-JAY packages

### Tubal patency (Fallopian Tube disease)

**Procedure covered: 1**

**Specialty: Obstetrics & Gynecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Procedure on Fallopian Tube for establishing Tubal Patency	Procedure on Fallopian Tube for establishing Tubal Patency	S400050	SO004A	11,600

**ALOS:** 3 days

**Minimum qualification of the treating doctor:**

**Essential:** MS/MD/DNB/DGO/Equivalent (in 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 **Procedure on Fallopian Tube for establishing Tubal Patency**, 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:**

Tubal disease accounts for 25%– 35% of female factor infertility, with more than half of the cases due to salpingitis. In addition, large studies report that up to 20%–30% of women regret having a tubal ligation. Thus, there is a need to determine the optimal treatment methods for patients

with tubal factor infertility. There are several surgical options for achieving patency in obstructed fallopian tubes, depending on the location of the blockage. The usual chief complaint is infertility.

#### Indication:

- Reversal of tubal sterilization for want of child
- Mild tubal block due to various pathology (e.g. endometriosis, past pelvic surgery, Pelvic inflammatory disease)
- Tubal occlusion secondary to ectopic pregnancy treatment
- Salpingitis isthamica nodosa

#### Management:

- Tubal cannulation for proximal tubal obstruction in young women with no other significant infertility factors.
- Laparoscopic fimbrioplasty or neosalpingostomy for the treatment of mild hydrosalpinges in young women with no other significant infertility factors.
- Laparoscopic salpingectomy or proximal tubal occlusion in cases of surgically irreparable hydrosalpinges to improve IVF pregnancy rates.
- Microsurgical anastomosis for tubal ligation reversal.

### 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	Procedure on Fallopian Tube for establishing Tubal Patency
<b>i. At the time of Pre-authorization</b>	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
HSG (hysterosalpingogram) / Sonosalpingography	Yes
<b>Optional</b> Follicular study Salpingoscopy Fallopscopy Laparoscopy (diagnostic)	
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes

HSG (hysterosalpingogram) – post operative	Yes
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## **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 and advice for admission, planned line of treatment?
- Was history with evidence (previous tubal ligation done - previous operative notes, indication / anatomical abnormality - HSG showing bilateral tubal block) or current imaging suggestive of 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 post-op HSG report 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:**

- Was the indication of surgery documented? Yes/Not applicable
  - Mid tubal block due to various pathology (eg: endometriosis, past pelvic surgery, pelvic inflammatory disease): (Upload USG report)
  - Tubal occlusion secondary to ectopic pregnancy treatment: (Upload previous operative notes)
  - Salpingitis isthamica nodosa: (Upload HSG report)



- II. Is there an evidence of the following?
- a. Genital tuberculosis: No
  - b. Sclerotic tubes or dense adhesions: No
  - c. Bilateral fimbriectomy done: No

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. Practice Committee of the American Society for Reproductive Medicine. Role of tubal surgery in the era of assisted reproductive technology: a committee opinion. *Fertil Steril*. 2015;103(6):e37-e43. doi:10.1016/j.fertnstert.2015.03.032