



Guidance document for processing PM-JAY packages

Laparoscopic cystectomy

Procedure covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laparoscopic cystectomy	Laparoscopic cystectomy	S400025	SO041A	15,000

ALOS: 3 days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Care at tertiary hospital; laparoscopic facility for laparoscopic procedures.

Disclaimer:

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

- Laparoscopic ovarian cystectomy has now evolved to become the gold standard of surgical management of benign cystic ovarian masses in premenopausal women.
- The optimal surgical goal is to remove the entire cyst intact. The cyst should be removed inside a laparoscopic bag so that inadvertent spillage into the peritoneal cavity may be avoided.

- Ovarian conservation is generally the goal in a premenopausal woman with a benign ovarian cyst requiring surgical excision. The advantage is preservation of viable ovarian tissue and thus fertility and hormone production.
- Ovarian cysts can occur at any stage in life from foetal life through menopause. They can be symptomatic or asymptomatic and found incidentally on clinical exam or on imaging
- It is important to differentiate between benign and malignant enlargements of the ovary to institute timely and effective treatment without undue delay.

Indication

- Benign ovarian tumours such as:
 - Functional cysts (follicular, haemorrhagic, and corpus luteum cysts)
 - Mature cystic teratomas (dermoids)
 - Endometriomas
 - Serous and mucinous cystadenomas
- Para-ovarian cyst

Common clinical presentation

- Pain abdomen
- Abdominal swelling

Associated symptoms

- Menorrhagia/amenorrhea/virilization
- Post-menopausal bleeding
- Frequency of micturition
- Dyspnoea and palpitation
- Bilateral pitting oedema of feet
- Fever
- Vomiting

Contraindications

- The presence of a known malignancy has traditionally been considered an absolute contraindication.

Diagnosis

- The initial workup should include a medical history, physical exam, serial beta-HCG, Complete Blood Count, and ultrasound imaging.
- Depending on the presentation, physicians may also elect to check serial hematocrits and cervical cultures if a haemorrhagic cyst or abscess is suspected.
- A benign ovarian tumour more than 7 cm requires removal; otherwise, it may grow in size, undergo complications or turn malignant.

Management

- Benign ovarian tumour is surgically dealt with by ovarian cystectomy, ovariectomy, laparoscopic dissection of the cyst in a young woman and hysterectomy with bilateral removal of adnexa in an older woman.

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 cystectomy
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Abdomen/pelvis	Yes
CA 125 Tumor marker	Yes
Optional Doppler Ultrasound CT/MRI scan pelvis Other Tumor markers based on etiology	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports if done	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Histopathological Examination	Yes
Detailed Discharge Summary	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 physical examination \pm imaging and investigation indicative of surgery? Yes

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. VG Padubidri, Shirish N Dastary. Howkins & Bourne. Shaw's Textbook of Gynaecology. 16th Edition. 2015.
3. Reinsch C.S. (2016) Laparoscopic Ovarian Cystectomy. In: Shoupe D. (eds) Handbook of Gynecology. Springer, Cham. https://doi.org/10.1007/978-3-319-17002-2_54-1