



Guidance document for processing PM-JAY packages

Laparoscopic Salpingo-oophorectomy

Procedure covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lap. Salpingo-oophorectomy	Lap. Salpingo-oophorectomy	S400026	SO001A	14,000

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: Care at tertiary hospital; laparoscopic facility for laparoscopic procedures.

Disclaimer:

For monitoring and administering the claim management process of **Laparoscopic Salpingo-oophorectomy**, 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:

Salpingo-oophorectomy is the removal of the fallopian tube (salpingectomy) and ovary (oophorectomy).

Indications

- Elective: Removal of normal appearing ovaries and tubes at the time of a concurrent surgery, commonly a hysterectomy for benign disease, to decrease the risk of development of ovarian pathology, and decrease the need for future procedures
- Malignancy: Ovarian cancer, uterine cancer, or metastases to ovaries from a distant primary malignancy (gastrointestinal, breast, lung carcinoma)
- Risk reducing: Removal of ovaries and tubes in women genetically susceptible to ovarian cancer
- Benign adnexal mass
- Adnexal torsion
- Tubo-ovarian abscess
- Ectopic pregnancy
- Endometriosis
- Chronic Pelvic infection not responding to medical treatment

Contraindications

- There are no absolute contraindications for a salpingo-oophorectomy. Severe pelvic adhesive disease may influence approach to surgery.

Management

- A unilateral salpingo-oophorectomy is appropriate for patients in whom an ovary is unable to be preserved, including cases of ruptured ectopic pregnancy with an inability to achieve haemostasis without removal of the tube and ovary, adnexal torsion in which the ovary and tube are necrotic, a tubo-ovarian abscess not responsive to antibiotics, or a benign ovarian mass in which there is no remaining normal ovarian tissue able to be conserved.
- A bilateral salpingo-oophorectomy is generally one of three types: elective at time of hysterectomy for benign conditions, prophylactic in women with increased risk of ovarian cancer, or because of malignancy.

Note: A laparoscopic approach may be appropriate in cases with low risk of malignancy and smaller sized adnexal mass.

Complications

- Vascular injury and bleeding
- Injury to adjacent organs (bowel, bladder, ureter)
- Injury to nerves
- Infection
- Deep venous thrombosis
- Adhesion formation
- Incisional hernia
- Ovarian remnant syndrome

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 Salpingo-oophorectomy
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG/CT/MRI Abdomen/pelvis	Yes
Optional Doppler Study of Ovaries CA 125 Tumor marker	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Post procedural USG Abdomen/pelvis	Yes
Histopathological Examination (if applicable)	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 clinical examination \pm imaging indicative of surgery? Yes

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

References:

1. <https://emedicine.medscape.com/article/1894587-overview#showall>