



## Guidance document for processing PM-JAY packages

### Broad Ligament Haematoma

**Procedures covered: 1**

**Specialty:** Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Laparotomy for broad ligament haematoma	Laparotomy for broad ligament haematoma	S400051, S400059	SO005A	16,000

**ALOS:** 3-5 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 for laparotomy

#### **Disclaimer:**

For monitoring and administering the claim management process of Laparotomy for **Broad Ligament Haematoma**, 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:**

Broad ligament hematoma is an unusual complication that can occur during delivery, just after delivery or later in the puerperium. Rapid labor, cesarean section, instrumental deliveries, and trauma have been suggested as predisposing factors.

Difficult/instrumental vaginal delivery followed by one or all the symptoms below:

- Unexplained shock
- Intense pain abdomen (Persistent, intense, spontaneous contractions)

- Excessive vaginal bleeding
- Inability to void after delivery

### Management

- Course of management is decided on the **general condition of the woman, size of haematoma, associated tissue injury**
- Laparotomy is the preferred mode of surgical management

### 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	Laparotomy for Broad Ligament Haematoma
<b>i. At the time of Pre-authorization</b>	
Detailed clinical notes including history, symptoms, signs, examination findings, planned line of treatment, and admission advice	Yes
Detailed delivery notes	Yes
USG Abdomen/pelvis	Yes
Complete blood count (CBC)	Yes
<b>Optional</b> Coagulation profile	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers (ICPs)	Yes
USG abdomen/pelvis (optional)	Yes
Detailed operative/ procedure notes	Yes
Blood transfusion notes (if applicable)	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):**

- a. *Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including abdominal and pelvic examination, indication for procedure, planned line of treatment, and advice for admission?
- b. Detailed delivery notes (if available) submitted?
- c. Did clinical examination and USG abdomen/pelvis confirm the diagnosis?

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

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

### **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 clinical history, findings, and imaging suggestive of broad ligament haematoma? Yes
- Was clinical examination and imaging indicative of surgery? Yes

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

#### **References:**

1. Baskett, T., Calder, A., Arulkumaran, S., (2014). Lower Genital tract Trauma. Munro Kerr's Operative Obstetrics, (223)
2. Cunningham, Leveno, Bloom et al., (2018). Puerperal haematomas. William's Obstetrics, (pdf 1168 – 1173)
3. Dutta (2015). Injuries to the Birth Canal. Textbook of Obstetrics including Perinatology & Contraception, (492-493).
4. Kovo, M., Eshed, I. & Malinger, G. Broad ligament hematoma following a normal vaginal delivery. *Gynecol Surg* **3**, 138–140 (2006). <https://doi.org/10.1007/s10397-006-0184-2>