



Guidance document for processing PM-JAY packages

Pyometra Drainage

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Pyometra Drainage	Pyometra Drainage	New Package	SO020A	5,000

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: Facilities with well-equipped operation theatre, anesthesia equipment and anesthetist

Disclaimer:

For monitoring and administering the claim management process of **Pyometra Drainage**, 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:

Pyometra is the accumulation of purulent material in the uterine cavity. Its reported incidence is 0.01–0.5% in gynecologic patients; however, as far as elderly patients are concerned, its incidence is 13.6%.

The most common cause of pyometra:

- Malignant diseases of genital tract and the consequences of their treatment (radiotherapy).



Other causes are benign tumors:

- Leiomyoma
- Endometrial polyps
- Senile cervicitis
- Cervical occlusion after surgery
- Puerperal infections
- Congenital cervical anomalies

Clinical Manifestation

- The classic triad of symptoms in patients with pyometra consists of purulent vaginal discharge, postmenopausal bleeding, and lower abdominal pain
- Other symptoms could include fever, bowel and bladder disturbances
- History of instrumental interventions done in near past (eg: MTP)

Indications of pyometra drainage:

1. The diagnosis itself is an indication for drainage
2. As a part of the treatment of underlying pathology (malignancy or infective focus as tuberculosis or pyogenic)
3. Signs of infection (e.g. fever)

Management

- The treatment of pyometra consists of:
 - Dilating the cervix
- Perform Dilatation & Curettage 1 – 2 weeks later to rule out carcinoma either of the body of the uterus or cervical canal
- If the uterus gets perforated, immediate hysterectomy is indicated

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	Pyometra Drainage
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line of treatment, and advice for admission	Yes

Ultrasound Abdomen/pelvis	Yes
Urine routine, microscopic examination	Yes
Complete Blood Count	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed operative/ procedure notes	Yes
USG abdomen/pelvis (optional)	Yes
Culture & sensitivity report of the drained pus/ fluid	Yes
Histopathological examination	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):

- Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including detailed pelvic examination, indication for procedure, planned line of treatment, and advice for admission?
- Did clinical examination and imaging confirm the 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?
- Was the imaging indicative of surgery/procedure?
- 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:

- I. Was the history, clinical findings, investigations suggestive of pyometra requiring drainage? Yes

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

References:

1. Padubidri, V., Daftary, S., (2015). Inflammation of the Cervix and Uterus. Shaw's Textbook of Gynecology, (184 – 189).
2. Dutta, D., Konar, H., (2013). Infections of the Individual Pelvic Organs. D C Dutta Textbook of Gynecology, (168 – 169).
3. Berek, J., (2020). Cervical and Vaginal Cancer. Berek & Novak's Gynaecology, (2271 pdf).
4. Hoffman, B., Schorge, J., Bradshaw, K., Halvorson, L., (2016). Pelvic Mass. Williams Gynecology, (212 – 213).
5. Yildizhan B, Uyar E, Sişmanoğlu A, Güllüoğlu G, Kavak ZN. Spontaneous perforation of pyometra. *Infect Dis Obstet Gynecol*. 2006;2006:26786. doi:10.1155/IDOG/2006/26786