



Guidance document for processing PM-JAY packages

Secondary Suturing of Episiotomy

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Secondary Suturing of Episiotomy	Secondary Suturing of Episiotomy	S400073	SO056A	2,500

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: MBBS with relevant experience and training

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

Special empanelment criteria/linkage to empanelment module: Well-equipped labor room

Disclaimer:

For monitoring and administering the claim management process of **Secondary Suturing of Episiotomy** 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:

Secondary suturing of episiotomy is indicated in cases where there is dehiscence of the episiotomy. This can happen due to multiple reasons, as below.

Possible reasons of dehiscence of episiotomy:

- Infection
- Faulty repair of the primary episiotomy
- Anemia



- Vulva hematoma formation
- Poor personal hygiene
- Malnutrition

Contraindications for secondary suturing of episiotomy:

- Persisting local infection
- High grade fever
- Presence of slough / unhealthy exudate / pus discharge at the episiotomy site

Common Presenting symptoms

- Pain
- Discharge
- Fever
- Dysuria, with or without urinary retention

Secondary suturing is done after ensuring:

- Debridement of necrotic tissue
- Daily care of the wound till there are no signs of infection
- Healthy pink granulation tissue at the episiotomy site
- Adequate analgesia/anaesthesia

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	Secondary Suturing of Episiotomy
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indications, planned line of treatment and advice for admission	Yes
Delivery notes, if available	Yes
Complete blood count (CBC); Urine albumin, sugar, microscopic examination	Yes
Optional High vaginal swab C-reactive protein (CRP)	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes

Local swab for culture & sensitivity Report	Yes
Detailed operative/procedure notes	Yes
Detailed Discharge Summary including care of the episiotomy site	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 local examination, indication for procedure, planned line of treatment, and advice for admission available?
- Detailed delivery notes (if available) including details of duration of labor, date of delivery and details of primary episiotomy repair?
- Did clinical examination 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 clinical examination indicative of 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:

- Did the patient have a recent history of delivery with episiotomy? Yes
- Was the clinical examination indicative of procedure? Yes

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



References:

1. Cunningham, Leveno, Bloom et al., (2018) Puerperal Complications. William's Obstetrics, (pdf 1033 – 1034).
2. Dutta (2015). Operative Obstetrics. Text Book of Obstetrics including Perinatology & Contraception, (648 – 651)
3. Baskett, T., Calder, A., Arulkumaran, S., (2014). Lower Genital Tract Trauma. Munro Kerr's Operative Obstetrics, (220).