



## Guidance document for processing PM-JAY packages

### Ectopic Pregnancy

**Procedures covered: 2**

**Specialty: Obstetrics & Gynecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Medical management of ectopic pregnancy	Medical management of ectopic pregnancy	New Package	SO052A	Routine Ward - 1800 HDU - 2700 ICU (without Ventilator) - 3600 ICU (with Ventilator) - 4500	5 days
Laparotomy for benign disorders	Ectopic	S400044	SO040A	14,000	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 and anesthetist availability, laparoscopic facility for laparoscopic procedures.

#### Disclaimer:

For monitoring and administering the claim management process of **Laparotomy for benign disorders (Ectopic) / Medical Management of Ectopic Pregnancy**, 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:

Ectopic pregnancy is an implantation of fertilized ovum outside the uterine cavity, commonly the fallopian tube.

### SITES

- Tubes—commonest site
- Ovaries
- Cervical
- Abdominal

### SYMPTOMS AND SIGNS

Unruptured ectopic pregnancy	Ruptured ectopic pregnancy
<ul style="list-style-type: none"> <li>• Symptoms of early pregnancy there may be spotting</li> <li>• Abdominal and pelvic pain</li> </ul>	<ul style="list-style-type: none"> <li>• Acute Abdominal and pelvic pain</li> <li>• Collapse and Weakness, Pallor</li> <li>• Abdominal distension</li> <li>• Fast, weak pulse (110 per min. or more)</li> <li>• Hypotension</li> <li>• Rebound tenderness</li> </ul>

If rupture is diagnosed or even suspected patient has to be rushed to nearest centre where surgery with blood transfusion if needed can be done.

### MANAGEMENT

#### Medical Management of Ectopic Pregnancy

##### Indications:

1. Ultrasonography findings:
  - Confirmed tubal pregnancy measuring less than 35 mm and no foetal heartbeat
  - Gestation sac is unruptured
  - Concurrent intrauterine pregnancy ruled out
2. Serum HCG levels of 1500 mIU/mL or less
3. Patient is haemodynamically stable
4. No significant pain abdomen
5. Patient agrees to come for follow up
6. No contraindications to Methotrexate (Liver/Renal Disease, Anaemia, Breast feeding)

#### Surgical Management

The mode of surgical management is decided by the following factors:

1. Hemodynamic stability of the patient

2. Skill of the surgeon
3. Availability of the facility of laparoscopy

- **Laparoscopy (This can be booked under relevant PMJAY package)**

- Clinical examination, evaluation findings, Beta hCG titre, ultrasonography findings
- Hemodynamic stability of the patient
- Skill of the surgeon
- Availability of the facility of laparoscopy
- Consent of the patient
- Types of surgeries based on discretion of Surgeon
  - Salphingectomy
  - Salphingostomy
  - Inj. Methotrexate into the sac

- **Laparotomy**

- Clinical examination, evaluation findings, Beta hCG titre, ultrasonography findings
- Hemodynamic stability of the patient
- Indicated in emergencies where people are not trained in laparoscopy
- Consent of the patient
- Types of surgeries based on discretion of Surgeon
  - Salphingectomy
  - Salphingostomy

### 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 benign disorders - Ectopic	Medical management of ectopic pregnancy
<b>i. At the time of Pre-authorization</b>		
Detailed Clinical notes with history, symptoms, signs, examination findings, planned line of treatment, and advice for admission	Yes	Yes
Indication of procedure documentation	Yes	--
Serum Beta human chorionic gonadotropin (hCG) titers	Yes	Yes
USG abdomen/pelvis	Yes	Yes
<b>Optional</b> Culdocentesis – if ultrasound facility is not available (blood collection in pouch of douglas) complete blood count,	Yes	Yes

liver and renal function tests		
<b>ii. At the time of claim submission</b>		
Detailed indoor case papers	Yes	Yes
Detailed operative/procedure notes	Yes	--
Serum Beta Hcg level follow-up for medical management	--	Yes
Histopathological Examination	Yes	--
USG abdomen/pelvis (optional)	Yes	Yes
Blood transfusion notes (if blood transfusion was given)	Yes	Yes
Detailed Discharge Summary	Yes	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 presentation, severity, imaging, and laboratory investigations, failure of medical management indicative of surgery? Yes/Not Applicable
- II. Is there an evidence of ectopic pregnancy confirmed by clinical examination and USG? Yes
- III. All following parameters for eligibility for medical treatment?
  - a. Adnexal mass  $\leq 3.5$  cm in size on USG? Yes
  - b. Fetal cardiac activity is absent? Yes
  - c. B-hCG values  $< 1500$  mIU/ml? Yes
  - d. Hemodynamically stable? Yes

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

### **References:**

1. Standard Treatment Guidelines for Medical Officers. 2003. Government of Chhattisgarh. Department of Health and Family Welfare.
2. Standard Treatment guidelines. 2016. Department of Public Health and Family Welfare. Madhya Pradesh.



3. Standard Treatment Guidelines Obstetrics & Gynaecology. Ministry of Health & Family Welfare Govt. of India
4. Standard Treatment Guidelines. A manual for Medical Practitioners. 2010. Health & Family Welfare Government of Tamilnadu
5. RCOG: NICE Guidelines on Ectopic pregnancy and miscarriage: diagnosis and initial management, 2019. [www.nice.org.uk/guidance/ng126](http://www.nice.org.uk/guidance/ng126)