



Guidance document for processing PM-JAY packages

Ovariotomy

Procedure covered: 2

Specialty: Obstetrics & Gynecology

| Package name | Procedure name | HBP 2.0 code | HBP 2.1 code | Package price (INR) |
|-------------------------|----------------|--------------|--------------|---------------------|
| Ovariotomy - Lap / Open | Open | New Package | SO060A | 10,000 |
| Ovariotomy - Lap / Open | Laparoscopic | New Package | SO060B | 10,000 |

ALOS: 3-5 days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Laparoscopic facility for laparoscopic procedures.

Disclaimer:

For monitoring and administering the claim management process of **Ovariotomy**, NHA shall be following these guidelines. This document has been prepared for the guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the 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 patients. 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:

- Ovarian cysts can occur at any stage in life from foetal life through menopause. They can be symptomatic or asymptomatic and found incidentally on clinical exam or on imaging

- It is important to differentiate between benign and malignant enlargements of the ovary to institute timely and effective treatment without undue delay.
- The optimal surgical goal is to remove the entire cyst intact. The cyst should be removed inside a laparoscopic bag so that inadvertent spillage into the peritoneal cavity may be avoided.
- Ovarian conservation is generally the goal in a premenopausal woman with a benign ovarian cyst requiring surgical excision. The advantage is preservation of viable ovarian tissue and thus fertility and hormone production.

Clinical Manifestations

- Ovarian cysts can be symptomatic or asymptomatic.
- Symptoms that women may experience include unilateral pain or pressure in the lower abdomen.
- Pain may be intermittent or constant and characterized as sharp or dull.
- If an ovarian cyst ruptures or ovarian torsion is present, the patient may experience a sudden onset of acute severe pain, possibly associated with nausea and vomiting.
- The menstrual cycle can become irregular, and abnormal vaginal bleed may occur.

Management

Treatment of an ovarian cyst is determined by age of patient & reproductive needs, morphology of lesion on USG/ CT/ MRI, presence of risk factors (postmenopausal, family history of ovarian/breast cancer, BRCA-1, 2 carriers, presence of ascites/ lymphadenopathy).

(a) Conservative Management: Simple cyst in premenopausal woman:

- 2/3rd of these regress over 2-3 menstrual cycles. Therefore a 'Wait and See' policy is recommended for 8-10 wks. OCPs can be given for 3 cycles; however, there is no proven benefit. Aspiration of simple cyst not useful as it reoccurs in 75% within 1 yr.
- When one is almost certain regarding the benign nature of the cyst, a yearly follow up is required, until resolved, for a simple cyst of 5-7 cm in low-risk patients & 2-7 cm in high-risk patients; A cyst of >7cm needs further evaluation with MRI /Surgery
- If patient doesn't respond to conservative management for benign conditions and surgical intervention is decided by the Surgeon, then the efforts should be to conserve the normal ovarian tissue by doing ovarian cystectomy **(Please refer PMJAY relevant package for further management).**

(b) Surgical Management is recommended for the following:

- A cyst with significant pain and other features suggestive of rupture/torsion
- Any ovarian mass >10cm

- Ovarian cystic structure >7cm without regression for 6-8wks
- Any solid ovarian lesion
- Papillary excrescences in wall
- Palpable adnexal mass in postmenopausal patients
- Presence of ascites
- Surgical expertise skills appropriate for performing laparoscopic procedures

Complications

There are three classic complications of ovarian cysts that commonly present to the emergency department:

- Rupture
- Haemorrhage
- Torsion

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 | Ovariectomy |
|---|-------------|
| i. At the time of Pre-authorization | |
| Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission | Yes |
| USG Abdomen/pelvis | Yes |
| CA 125 Tumor marker | Yes |
| Optional Doppler Ultrasound CT/MRI scan pelvis Other Tumor markers based on etiology | Yes |
| Planned line of treatment | Yes |
| ii. At the time of claim submission | |
| Detailed indoor case papers | Yes |
| Investigation reports if done | Yes |
| Detailed procedure/operative notes | Yes |
| Intra-operative photographs (optional) | 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):

- a. *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?
- b. Did physical examination, imaging and investigation confirm the diagnosis?
- c. Was there an evidence of cysts/tumor on Ultrasound report?

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. Was malignancy ruled out in suspicious lesions?
- e. 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 physical examination \pm imaging and investigation indicative of surgery? Yes

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

References:

1. Standard Treatment Guidelines Obstetrics & Gynaecology. Ministry of Health & Family Welfare. Government of India.
2. Mobeen S, Apostol R. Ovarian Cyst. [Updated 2020 Jul 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560541/>