



Guidance document for processing PM-JAY packages

Laparoscopy for Ectopic/ other benign disorders

Procedures covered/ count: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Laparoscopy for Ectopic/ other benign disorders	Lap.	New	SO063A	NRP: 20000 Tier 1:25000 Tier 2: 23400 Tier 3: 20000

ALOS: 2-3 days

Minimum qualification of the treating doctor: MS/MD/DNB/DGO/ Equivalent (OB&GYN) with experience/ training in endoscopy.

Special empanelment criteria/linkage to empanelment module: Facilities with well-equipped operation theatre, availability of anesthesia and anesthetist, availability of laparoscopic equipment.

For indication (1) stated below **secondary level facility** is required with adequate endoscopy/ laparoscopy facility

For indication (2) stated below **secondary or tertiary level facility** depending upon the severity of the disease condition, is required with adequate endoscopy/ laparoscopy facility

For indications (3-6) stated below **tertiary level facility** is required.

Disclaimer:

For monitoring and administering the claim management process of **Laparoscopy for Ectopic/ other benign disorders**, 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 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:

Indications for Laparoscopy for Ectopic and other benign disorders include:

1. **Ectopic pregnancy:** Ectopic pregnancy is an implantation of fertilized ovum outside the uterine cavity, commonly the fallopian tube.
Sites Include: Tubes—commonest site, Ovaries, Cervical, Abdominal
Indications:
 - a. Ultrasonography findings
 - b. Confirmed tubal pregnancy measuring more than 35 mm
 - c. Concurrent intrauterine pregnancy ruled out through Serum HCG levels, Significant pain abdomen, Failure of medical management of ectopic pregnancy
2. **Peritubal adhesions/ peritoneal adhesions:** Peritoneal/ pelvic adhesions are characterized by formation of bands of fibrous tissue that join intra-abdominal organs to each other or parietal peritoneal surfaces on either side. Adhesions form after an episode of trauma, ischemia, infection, or irritative insult in a manner similar to scar formation.
3. **Benign ovarian tumors/ ovarian cyst:** Ovarian cysts are the most common cause of pelvic masses in women, and in majority of cases, women are in their fertile age. Doppler USG, tumor markers such as CA-125, CA 19-9 are used to rule out malignancy.
4. **Endometriosis:** Endometriosis is an estrogen-dependent chronic condition characterized by the ectopic implantation of functional tissue lining the uterus (endometrial glands and stroma) outside of the uterine cavity. The most common clinical symptoms being pelvic pain and infertility. Most frequently endometrial tissue is found in ovaries resulting in the formation of chocolate cysts, but it can also be found in the Fallopian tubes, uterosacral ligaments, the gastrointestinal tract, and less often in the pleura, pericardium, or the central nervous system.
5. **Pelvic Inflammatory disease (Pyosalpinx/ hydrosalpinx):** Pelvic inflammatory disease (PID) encompasses all upper genital infections (uterine, tubal, and ovarian). This disease can be caused by many microorganisms. The infection starts in the endometrium – endometritis, which does not have specific imaging features (endometrial thickening ± intra-endometrial effusion). Acute inflammation then affects a fallopian tube in the form of salpingitis, which often becomes bilateral or abscesses, in the form of pyosalpinx. Inflammation may then spread to the ovary and become tubo-ovarian complex, where the ovary and fallopian tube are still separate, or ultimately progress to a true tubo-ovarian abscess. The diagnosis of pelvic infection is most often made clinically, based on a combination of pelvic pain and fever, and possibly a foul discharge. Laboratory signs include a combination of hyperleukocytosis and elevated CRP. However in few cases, leukocytosis and fever may be absent.
6. **Tuboplasty / Reanastomosis:** A tuboplasty is a surgical repair of the fallopian tubes, which carry the fertilized egg from the ovary to the uterus, often these tubes become damaged intentionally for the purpose of sterilization or unintentionally by previous infections, surgery, or scar tissue produced by endometriosis.

Common presenting complaints:

- Amenorrhea (in case of ectopic pregnancy)
- Spotting/Bleeding per vagina
- Pain abdomen: esp. one sided, continuous/ intermittent
- Fainting attacks
- Dizziness
- Pyrexia & foul discharge (PID)



- Past history of: Pelvic Inflammatory Disease/ Ectopic pregnancy/ Tubal surgery/ ovarian cysts/ benign ovarian tumors/ severe congestive dysmenorrhea (in endometriosis)

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:

- 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
 - Serum Beta human chorionic gonadotropin (hCG) levels (in case of ectopic pregnancy)
 - Tumor markers (CEA-125, etc.)
 - USG/ CT/ MRI (Abdomen/ pelvis)/ / HSG (Hysterosalpingography) confirming presence of ectopic/ other benign disorders/ pelvic lesions
- At the time of claims submission:**
 - Detailed indoor case papers clearly indicating the need for performing the surgery
 - Detailed Procedure/ Operative notes
 - Discharge summary with follow up advice
 - Histopathology form confirming submission of specimen removed for histopathological examination

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: (at level of MEDCO)

- Was the clinical presentation, severity, imaging, and laboratory investigations, failure of medical management indicative of surgery (for Ectopic Pregnancy)? Yes/Not applicable
- Was clinical presentation and imaging indicative of tubal surgery other than Ectopic pregnancy? Yes/Not Applicable

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

References:

- Standard Treatment Guidelines for Medical Officers. 2003. Government of Chhattisgarh. Department of Health and Family Welfare.
- Standard Treatment guidelines. 2016. Department of Public Health and Family Welfare. Madhya Pradesh.
- Standard Treatment Guidelines Obstetrics & Gynaecology. Ministry of Health & Family Welfare Govt. of India
- Standard Treatment Guidelines. A manual for Medical Practitioners. 2010. Health & Family Welfare Government of Tamil Nadu

5. RCOG: NICE Guidelines on Ectopic pregnancy and miscarriage: diagnosis and initial management, 2019. www.nice.org.uk/guidance/ng126
6. Pelvic laparoscopy, MedlinePlus Medical encyclopedia, National Library of Medicine, <https://medlineplus.gov/ency/article/002916.htm#:~:text=Pelvic%20laparoscopy%20is%20surgery%20to,diseases%20of%20the%20pelvic%20organs>.
7. Hebbar S., Chawla C., Role of laparoscopy in evaluation of chronic pelvic pain, Journal of Minimal Access Surgery, Sept. 2005. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3001167/>
8. Laparoscopic Treatment of 1522 Adnexal Masses: An 8-Year Experience, Diagnostic and therapeutic endoscopy, Hindwai, 2015, <https://www.hindawi.com/journals/dte/2015/979162/>
9. Laparoscopic approach for very large benign ovarian cyst in young woman, J Minim Access Surg. 2009 Jul-Sep, National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2822175/>
10. Computed tomography and magnetic resonance imaging in the evaluation of pelvic peritoneal adhesions: What radiologists need to know?, Indian J Radiol Imaging. 2014 Apr-Jun, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094967/>
11. Endometriosis, StatPearls, Feb 2022, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/books/NBK567777/>
12. Tuboplasty as a reversal macrosurgery for tubal ligation, is pregnancy possible? A case series, Iran J Reprod Med. 2014 May, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094663/>
13. Imaging Evaluation of Fallopian Tubes and Related Disease: A Primer for Radiologists, RadioGraphics, Aug 2020, RSNA, <https://pubs.rsna.org/doi/full/10.1148/r.g.2020200051>
14. Gynecological pelvic infection: What is the role of imaging?, Diagnostic and Interventional Imaging, June 2012, ScienceDirect, <https://www.sciencedirect.com/science/article/pii/S2211568412001441>