



Guidance document for processing PM-JAY packages

Staging laparotomy for ovarian cancer

Procedures covered: 1

Specialty: Obstetrics & Gynaecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Staging laparotomy for ovarian cancer	Hysterectomy + Salpingo-oophorectomy + omentectomy + BPLND- Open	SO060A	SO060A	NRP: 50000 Tier 1: 62500 Tier 2: 58500 Tier 3: 50000

ALOS (In days): 5-8 days

Minimum qualification of the treating doctor: MS/MD/DNB/ Equivalent (OB&GYN)

Special empanelment criteria/linkage to empanelment module: Tertiary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **Staging laparotomy for ovarian cancer** 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.

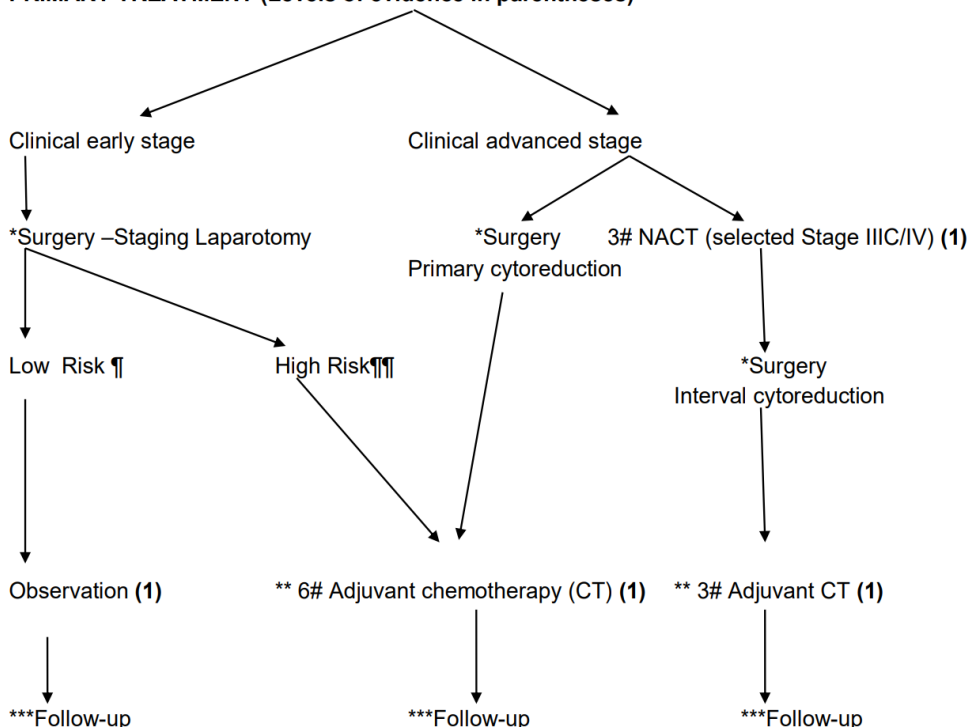
1.2 Clinical key pointers:

Staging laparotomy for ovarian cancer (is a commonly used method in clinical early stage of Ovarian cancer. The technique involves peritoneal cytology of ascites/washings, multiple peritoneal surface biopsies, bilateral salpingo-oophorectomy, a total hysterectomy, pelvic and para-aortic lymphadenectomy, and omentectomy.

Symptoms & Signs: Bloating, Dyspepsia, weight loss, Nausea, constipation, distension, abdominal or pelvic pain, urinary frequency or urgency, palpable pelvic or abdominal mass, ascites/ pleural effusion.

1.3 STANDARD TREATMENT WORKFLOW (NCG guideline for Ovarian Cancer)ⁱ- For clinicians/ treating doctor (NCG guideline link- https://tmc.gov.in/nCG/docs/PDF/DraftGuidelines/Gynaec/fwdncgcaovaryguidelines/NCG_Ovarian_cancer_Management_guidelines.pdf)

PRIMARY TREATMENT (Levels of evidence in parentheses)



1.4 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	Staging laparotomy for ovarian cancer
i. At the time of Pre-authorization	
a. Clinical notes including clinical evaluation, history & planned line of treatment, in some cases prior history of receiving NACT may be present.	Yes

b. Haematological and biochemical investigations	Yes
c. Serum tumor markers: CA-125, CEA, CA 19.9 (Ca 19.9-optional)	Yes
d. USG/ Contrast CT/ MRI scan of abdomen and pelvis	Yes
e. Chest Xray	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure/treatment detailed notes	Yes
c. Detailed discharge summary	Yes
d. Biopsy or histopathology form and frozen section report, if available	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:

Mandatory document	Staging laparotomy for ovarian cancer
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes including clinical evaluation, history & planned line of treatment, in some cases prior history of receiving NACT may be present.	Yes
b. Haematological and biochemical investigations	Yes
c. Serum tumor markers: CA-125, CEA, CA 19.9 (Ca 19.9-optional)	Yes
d. Contrast CT scan of abdomen and pelvis	Yes
e. Chest Xray	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the Treatment/procedure notes submitted?	Yes
c. Is a Detailed Discharge Summary submitted?	Yes
d. Biopsy or histopathology form and frozen section report, if available	Yes



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):**

- I. Was patient's USG/Contrast CT/ MRI scan of abdomen and pelvis report suggestive of the diagnosis? Yes
- II. Was the CA-125/ other tumor markers report suggestive of diagnosis? Yes

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

References:

ⁱ National Cancer Grid (NCG) Ovarian Cancer Management, Draft guidelines 2020. These guidelines have been prepared by experts of National Cancer Grid, India. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (<https://tmc.gov.in/ncg/index.php/guidelines/draft-guidelines-2020>) for more information. © National Cancer Grid, Government of India.