



## Guidance document for processing PM-JAY packages

### Vaginal Myomectomy

Procedures covered/ count: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Vaginal Myomectomy	Vaginal Myomectomy	New	SO061A	NRP: 15000 Tier 1:18800 Tier 2: 17600 Tier 3: 15000

ALOS: 2-3 days

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

**Special empanelment criteria/linkage to empanelment module:** Tertiary care facilities

#### **Disclaimer:**

For monitoring and administering the claim management process of **Vaginal Myomectomy**, 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:**

- Vaginal myomectomy is a minimally invasive surgery as an alternative to abdominal or laparoscopic myomectomy. It is indicated in some specific cases where the submucous fibroid is just protruding through the external Os and the pedicle is not accessible. Or polyp is sessile or broad based.
- The diagnosis made should be backed by clinical &/or USG findings and all required reports shall be uploaded.

### 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:

- i. **At the time of pre-authorization:**
  - a. Clinical notes clearly indicating the reason(s) for admission, symptoms, signs, physical examination and procedure to be performed.
  - b. Lab investigations (Complete Blood count, Hemoglobin, Thyroid function test)
  - c. USG Abdomen/ pelvis confirming presence of uterine fibroid/ polyp and its size
- ii. **At the time of claims submission:**
  - a. Detailed indoor case papers clearly indicating the need for performing the surgery
  - b. Detailed Operative notes
  - c. Discharge summary with follow up advice
  - d. Pictures of gross specimen removed
  - e. Histopathology form confirming submission of specimen removed for histopathological examination

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorisation 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-authorisation processing doctor (PPD)**

- a. Clinical notes clearly indicating the reason(s) for admission, symptoms, signs, physical examination and procedure to be performed.
  - i. Symptoms: Heavy menstrual bleeding/ irregular bleeding/ urinary pressure symptoms/ heaviness and pain in abdomen/ dysmenorrhea/ mass in lower abdomen/ infertility/ asymptomatic
  - ii. Physical examination:
    1. General examination- Specially check for pallor
    2. Abdominal examination- Check for any supra pubic mass or lump
    3. Per speculum examination- Inspect Cervix for visibility of fibroid
    4. Per vaginal examination- Assess for uterine size (enlarged and / or irregular uterus)
- b. Lab investigations (Complete Blood count, Hemoglobin, Thyroid function test)
- c. USG Abdomen/ pelvis confirming presence of uterine fibroid/ polyp and its size

### **2.2.2 At the time of claim processing- For claims processing doctor (CPD)**



- a. Does the patient have a definitive indication for performing this surgery?
- b. Are detailed operative notes available with indications for and outcomes of the procedure?
- c. Is discharge summary available with follow-up advise at the time of discharge?
- d. Is the picture(s) of gross specimen removed date, timed with patient ID available?
- e. Is the Histopathology form confirming submission of specimen removed for histopathological examination available?

### **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 the clinical presentation, physical examination & supporting investigations indicative of procedure? Yes

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

#### **References:**

1. Vaginal Myomectomy for Prolapsed Submucous Fibroid: It is Not Only About Size, Oman Med J., Nov 2019, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6851067/>
2. Vaginal Myomectomy: Literature Review, Journal of Minimally Invasive Gynecology, March-April 2010, ScienceDirect, <https://www.sciencedirect.com/science/article/pii/S1553465009013168>