



## Guidance document for processing PM-JAY packages

### Dilatation and Curettage (D&C)

**Packages covered/ package count: 1**

**Specialty: Obstetrics & Gynecology**

Package name	HBP 1.0 code	HBP 2.0 code	Package price
D&C (Dilatation & curettage)	S400068	SO018A	3,000

**ALOS:** Day care

**Minimum qualification of the treating/ operating doctor:**

**Essential:** MBBS with relevant experience

**Desirable:** DGO/MS/ DNB/ equivalent (in Obstetrics & Gynaecology)

**Special empanelment criteria/linkage to empanelment module:**

- Availability of minor operation theatre/ procedure room/ labor room with trained staff
- Facility for anesthesia- any of the following (General anesthesia/ Regional anesthesia/ Paracervical block with 1% xylocaine, IV sedation, IM/ Oral analgesia)

#### **Disclaimer:**

ICMR has issued clinical guidelines for **Dilatation and Curettage (D&C)** to be followed in country. For monitoring and administering the claim management process of **Dilatation and Curettage (D&C)**, 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 the ICMR poster and other relevant material as per the extant professional norms.

### **PART I: Guidelines for Clinicians and Healthcare Providers**

#### **1.1 Objective:**

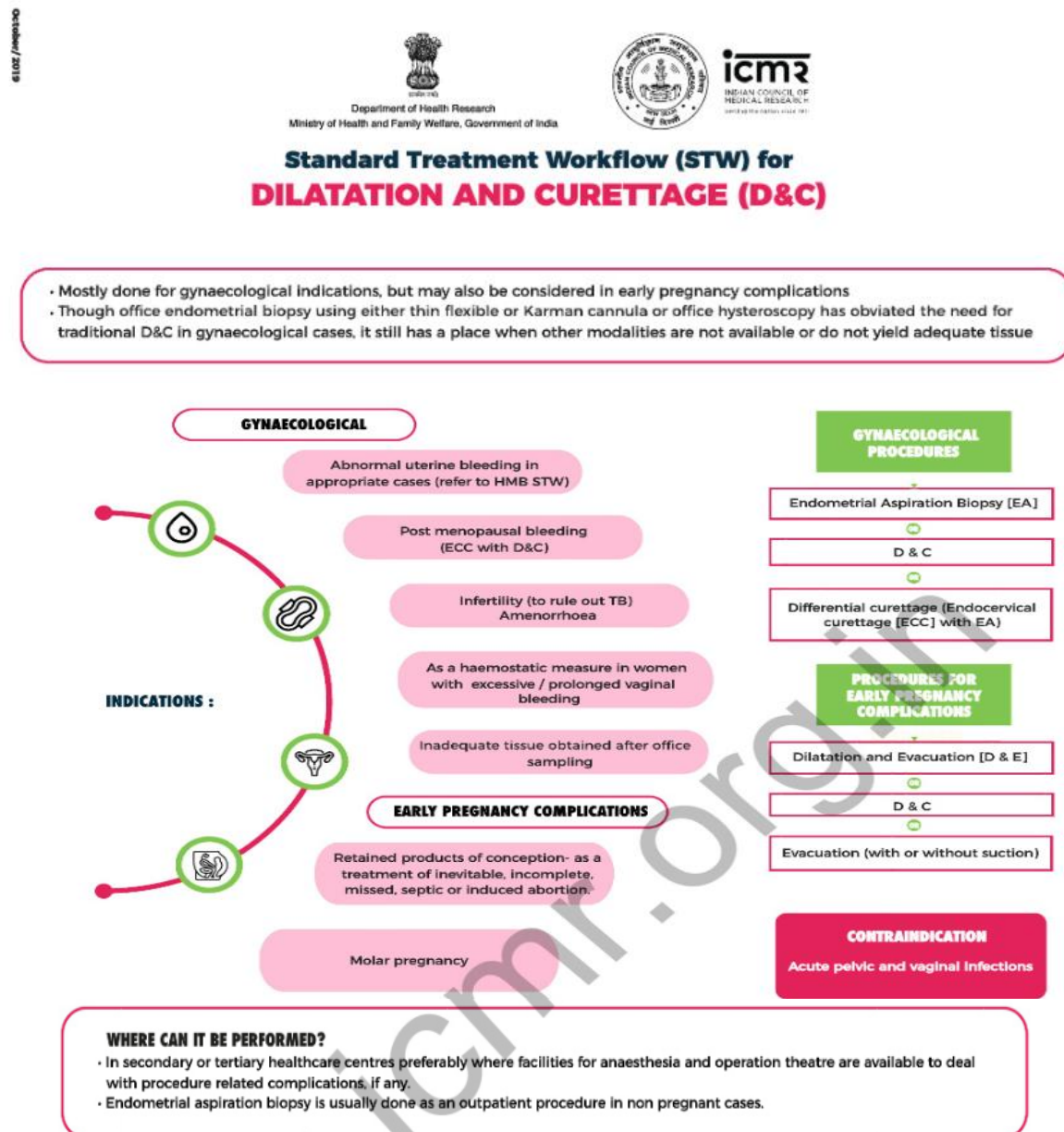
The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection 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:

- Mostly done for Gynecological indication but may also be considered in early pregnancy complications and molar pregnancy.
- All tissues removed must be sent for Histopathological Examination and Microbiology (where indicated)
- Procedure not to be performed in cases with Acute pelvic and vaginal infections

## 1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)<sup>i</sup>- For clinicians/ treating doctor



ALL TISSUE REMOVED MUST BE SENT FOR HISTOPATHOLOGICAL EXAMINATION				
PRE- OPERATIVE REQUISITES				
Presence of a valid indication	General medical fitness & no contraindication	A written informed consent		
ANESTHESIA (ANY OF THE FOLLOWING)				
• General anesthesia	• Regional anesthesia	• Paracervical block with 1% xylocaine	• IV sedation	• IM/ oral analgesia
Strict asepsis to be maintained. Antibiotics to be used judiciously and decided as per need of individual case.				
POST PROCEDURE CARE & FOLLOW UP	COMPLICATIONS	DO'S	DONT'S	
<ul style="list-style-type: none"><li>• Observe the patient for minimum two hours after the procedure for haemorrhage or any other symptoms or signs of complications prior to discharge</li><li>• Patient can be discharged as soon as she is comfortable and alert.</li><li>• Most common side effect is abdominal cramps which can be managed by oral analgesics.</li><li>• <b>Warning signals to report back</b> are to be explained at the time of discharge - severe pain, bleeding, foul smelling discharge or fever.</li><li>• Follow up is done after a week with histopathology report for further advice.</li></ul>	<ul style="list-style-type: none"><li>• Excessive bleeding</li><li>• Cervical laceration</li><li>• Perforation of the uterus</li><li>• Injury to bowel and bladder</li><li>• Pelvic infection</li><li>• Post-operative intra uterine adhesions</li></ul>	<ul style="list-style-type: none"><li>• Evacuation of urinary bladder before procedure.</li><li>• Safety checklist</li><li>• Dorsal/lithotomy position</li><li>• Bimanual pelvic examination prior to the procedure</li><li>• Sounding to measure uterocervical length ONLY in non pregnant women.</li><li>• Sample to be sent for histopathology and microbiology (where indicated)</li><li>• <b>REFER in case of a complication</b></li></ul>	<ul style="list-style-type: none"><li>• Over abduction of legs</li><li>• No sounding in cases of pregnant uterus.</li><li>• No forceful insertion of any instrument</li><li>• Abandon the procedure in case of suspected perforation and refer to higher centre.</li><li>• Insertion of the dilator should be just beyond the internal os and NOT till the fundus</li></ul>	
D&C is a blind procedure and may miss the pathology in some cases. In cases where focal pathology is suspected, tissue should be obtained under hysteroscopic visualization.				
COUNSELLING IS AN IMPORTANT ADJUNCT TO MANAGEMENT				
KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES				
<p>This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. 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 our web portal (<a href="http://stw.icmr.org.in">stw.icmr.org.in</a>) for more information.</p> <p>© Indian Council of Medical Research and Department of Health Research, Ministry of Health &amp; Family Welfare, Government of India.</p>				

## 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
<b>i. At the time of Pre-authorization</b>
This could be an Emergency life-saving procedure and in such cases all the pre-auth documents to be submitted after the procedure has been initiated.
a. Clinical notes justifying the indication & need for procedure
b. Relevant Examination to establish medical fitness to undergo procedure including Complete Blood count, urine analysis
c. Patient photograph
<b>ii. At the time of claim submission</b>
a. In case it's performed as an Emergency procedure, documentary proof / clinical notes to justify the need to perform it as an emergency
b. Clinical Notes with medicines prescribed such as oral analgesics, Antibiotics decided as per the need of the case
c. Informed consent duly signed by the patient and operating doctor
d. Operation notes and Post- operative monitoring notes

e. Detail discharge Summary
f. Intra-operative Stills (only if hysteroscopy is also done)
g. Histopathological report of curetted material

## **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-authorisation processing- For pre-authorisation processing doctor (PPD):**

**In case it's an Emergency life-saving procedure, the pre-auth documents to be submitted after the procedure has been initiated.**

- Clinical notes with detailed history, signs & symptoms, indication for procedure
- Relevant Examination to establish medical fitness to undergo procedure including Complete Blood count, urine analysis
- Patient photograph

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

- Does the submitted history show presence of valid indication?
  - Gynecological indications (with an evidence that modalities for OPD procedures like Office endometrial biopsy/ Office hysteroscopy is not available or hasn't yielded adequate tissue): Abnormal Uterine Bleeding, Post-menopausal bleeding (Needs Endocervical Curettage with D&C), Infertility (to rule out TB), Amenorrhea, as a hemostatic measure in women with excessive/ prolonged vaginal bleeding, inadequate tissue obtained after office sampling.
  - Early pregnancy complications: Retained products of conception- as a treatment of inevitable, incomplete, missed, septic or induced abortion; molar pregnancy.
- In case it's performed as an Emergency procedure, is there sufficient documentary proof / clinical notes to justify the need to perform it as an emergency?
- If the indication is retained products of conception, is there an evidence:
  - Of pregnancy- Clinical notes/ USG report?
  - That Non-surgical termination of pregnancy is not indicated/ tried and failed?
  - That the procedure has been performed as per the extant provisions of the MTP Act 1971?
- Is there an evidence to show that the patient is medically fit to undergo the procedure?
- Is there an evidence to show that there are no contraindications (Acute pelvic and vaginal infections) to undergo the procedure?

- VI. Do the Clinical Notes detail the medicines prescribed such as Oral analgesics, Antibiotics and Anaesthetics (decided as per the need of the case)?
- VII. Is the patient's written informed consent available?
- VIII. If hysteroscopy is done, are intraoperative stills with patient ID, name and date available?
- IX. Is the picture of specimen sent for histopathology available?
- X. Is there an evidence that the Histopathology specimen has been sent to the laboratory for examination?
- XI. Does the discharge summary indicate post-discharge advise?
  - a. Explanation of common side effects- Abdominal cramps, to be managed by Oral analgesics.
  - b. Warning signals for when to report back- Severe pain, bleeding, foul smelling discharge or fever.
  - c. Follow-up after 1 week with histopathology report for further advice.

### **PART III: GUIDELINES FOR IT**

**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. Gender of the patient- Female
- ii. Acute Pelvic and Vaginal Infections- No
- iii. Tissue obtained sent for Histopathological Examination- Yes
- iv. If any focal pathology suspected, has the tissue been obtained under hysteroscopic visualization- Yes

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

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#### **Acknowledgment:**

<sup>i</sup> Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. 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 ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.