

## Guidance document for processing PM-JAY packages

### Polypectomy & Myomectomy

Procedures covered/ count: 4

Specialty: Obstetrics & Gynecology

Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price	ALOS
Polypectomy	S200001	SO008A	1,500	2
Hysteroscopic polypectomy <sup>#</sup>	S400032	SO009A	7,200	2
Abdominal Myomectomy	S400002	SO006A	20,000	5
Hysteroscopic Myomectomy <sup>#</sup>	S400030	SO007A	9,900	1

**Minimum qualification of the treating doctor:** MS/ MD/ DNB / PG Diploma/ equivalent (in OBS&GYN)

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

<sup>#</sup>Hysteroscopic facilities and trained specialists in hysteroscopic procedures for performing hysteroscopic surgeries

#### **Disclaimer:**

ICMR has issued clinical guidelines for **Uterine Fibroids & Polyps** to be followed in country. For monitoring and administering the claim management process of **Polypectomy, Hysteroscopic polypectomy, Abdominal Myomectomy & Hysteroscopic 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 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:**

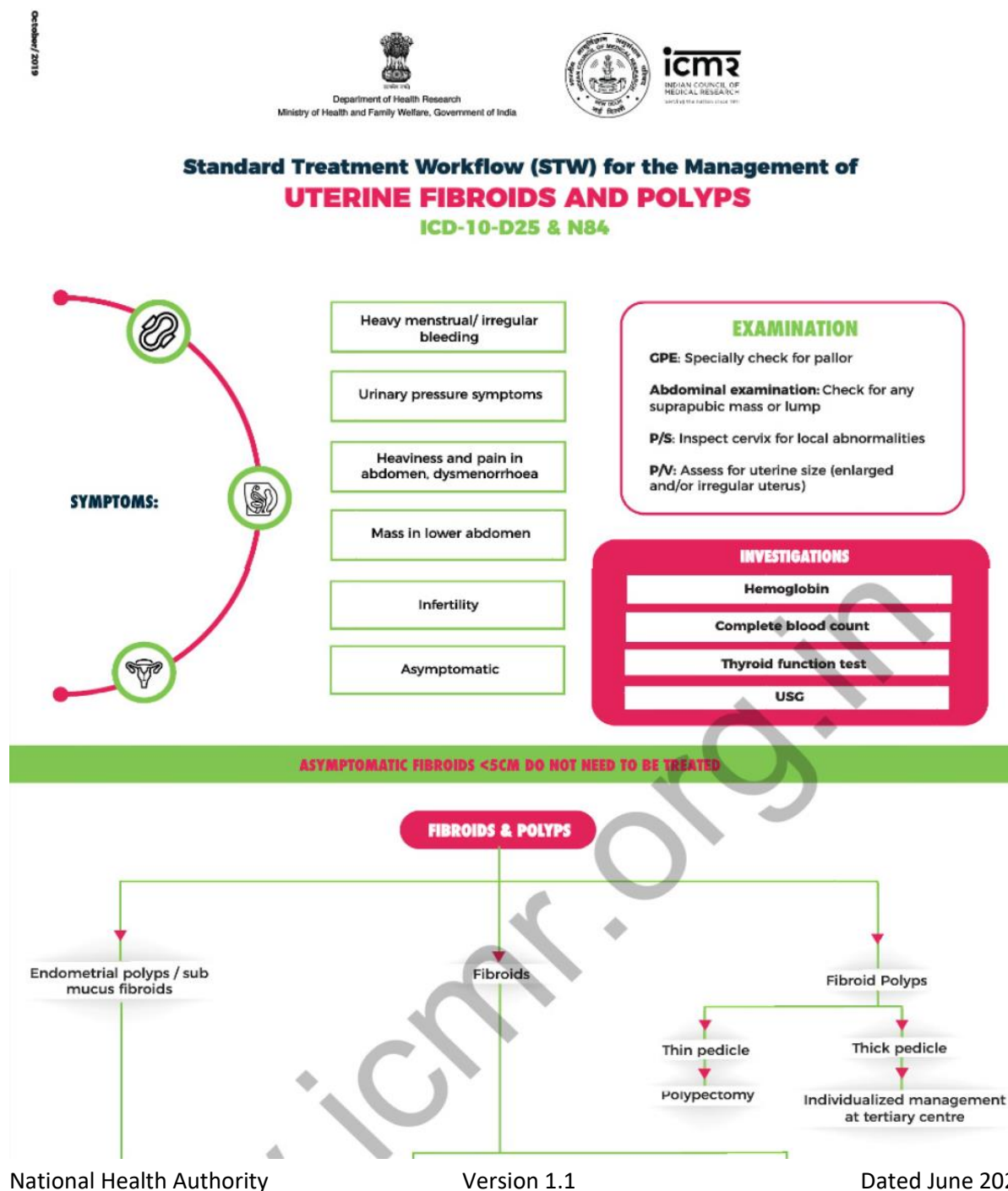
The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection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

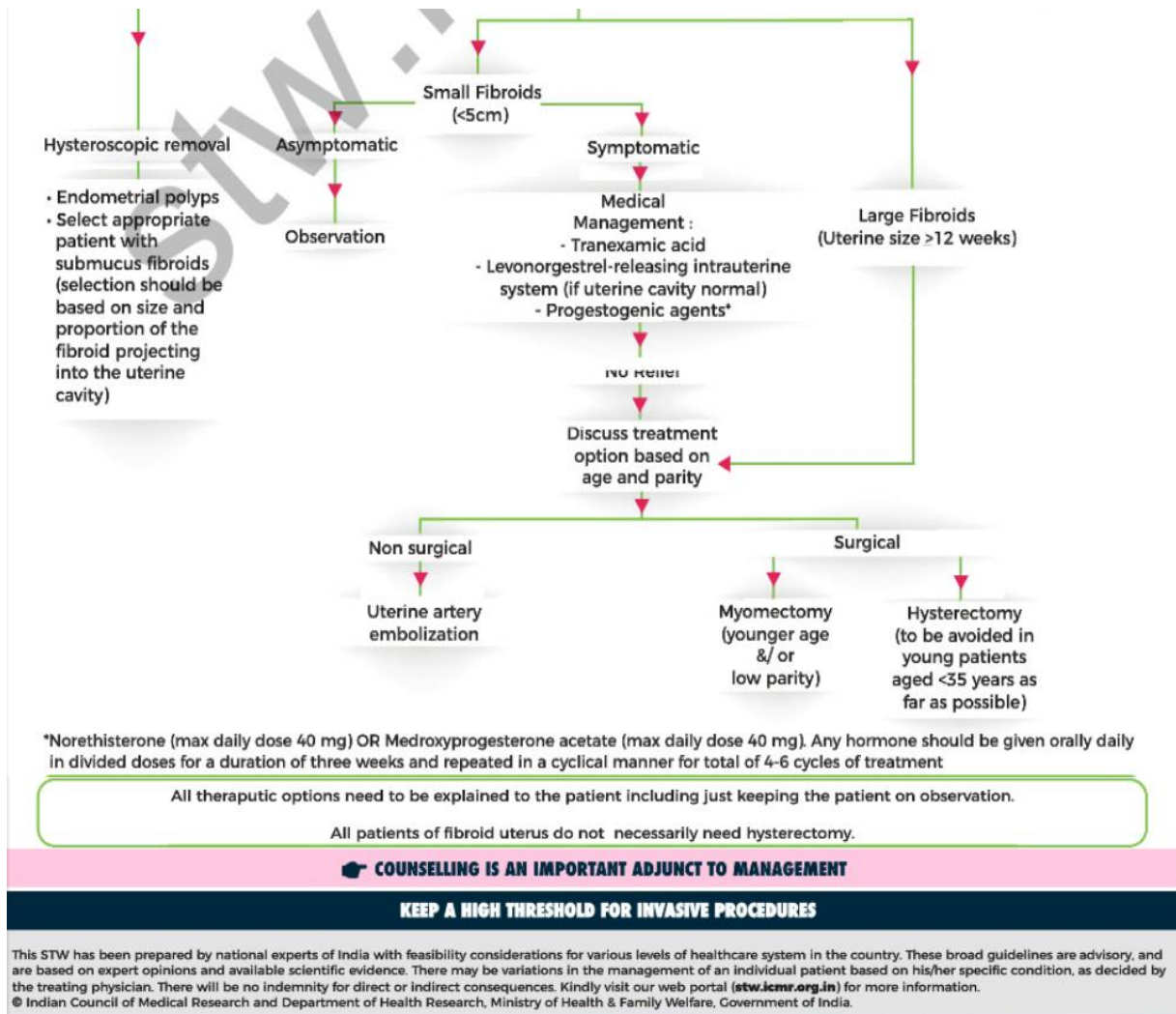
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

## 1.2 Clinical key pointers:

- The diagnosis made should be backed by clinical &/or USG findings and all required reports shall be uploaded
- Asymptomatic intramural & subserous fibroids <5 cm do not need to be treated. These should be kept under observation only.
- All patients of fibroid uterus do not necessarily need hysterectomy. (For Hysterectomy, kindly refer to the AB PM-JAY 'Guidance document on Hysterectomy for Benign conditions')

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





#### 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:

- At the time of pre-authorization:**
  - Clinical notes clearly indicating the reason(s) for admission, symptoms, signs, physical examination and procedure to be performed.
  - Lab investigations (Complete Blood count, Hemoglobin, Thyroid function test)
  - USG Abdomen/ pelvis confirming presence of uterine fibroid/ polyp and its size
  - Consent form duly signed by the patient
  - Photograph of the patient with date and time
- At the time of claims submission:**
  - Detailed indoor case papers clearly indicating the need for performing the surgery
  - Detailed Operative notes

- c. Intraoperative stills with date & patient ID (in case of hysteroscopic polypectomy & hysteroscopic myomectomy)
- d. Discharge summary with follow up advice
- e. Pictures of gross specimen removed
- f. Histopathology report/ 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 local abnormalities
    - 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
- d. Consent form duly signed by the patient
- e. Photograph of the patient with date and time

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

- a. Does the patient have a definitive indication for performing surgery such as-
  - i. **Hysteroscopic polypectomy/ myomectomy:** Endometrial polyps/ submucous fibroids. Mention size of polyp.
  - ii. **Polypectomy (Transvaginal):** Fibroids/ other polyps with thin pedicle.
  - iii. **Myomectomy (Abdominal):** Patient is < 35 years &/ or low parity with symptomatic large fibroids (uterine size >12 weeks).

- b. Are detailed operative notes available with indications for and outcomes of the procedure?
- c. Are Intraoperative stills with date & patient ID (in case of hysteroscopic polypectomy & hysteroscopic myomectomy) available?
- d. Is discharge summary available with follow-up advise at the time of discharge?
- e. Is the picture(s) of gross specimen removed date, timed with patient ID available
- f. Is the Histopathology report/ 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:**

- I. Fibroid < 5cm, asymptomatic intramural & subserous? No
- II. Fibroid with uterine size < 12 weeks and asymptomatic? No
- III. If the case is booked for Myomectomy, is the patient age <35 years &/ or low parity? Yes

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

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<sup>[1]</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.