



Guidance document for processing PM-JAY packages

Cordocentesis

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Cordocentesis	Cordocentesis	S400078	SO049A	14,500

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO or equivalent (in Obstetrics & Gynecology); (DM/Equivalent in Genetics) 1 Year training in maternal fetal medicine/PDCC/Equivalent certificate course

Special empanelment criteria/linkage to empanelment module: Care at Tertiary hospital, procedure done under ultrasound guidance. Facility should be registered as per PCPNDT law for intervention procedures.

Disclaimer:

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

Ultrasound-guided fetal blood sampling (FBS), also known as cordocentesis, or percutaneous umbilical cord blood sampling is performed under local anesthetic usually from 18 weeks of gestation. Ultrasound-guided FBS is the only procedure that provides direct access to the fetal circulation.

Indications: (as mentioned in Table 1)

TABLE 1
Indications for fetal blood sampling

Indications	Comment
Current common indications	
Diagnose and treat fetal severe anemia	Most common indication for FBS
Diagnose and evaluate therapeutic response in NAIT	
Evaluate nonimmune fetal hydrops	Only in selected cases ^a
Historical and less common indications	
Fetal aneuploidy for karyotyping	Rarely used in current practice; largely replaced by CVS or amniocentesis with FISH, or by NIPT
Determine fetal blood type and platelet antigen status	Largely replaced by other tests, eg, NIPT, CVS, or amniocentesis, and molecular testing
Diagnose genetic disorders (eg, hemophilia, thalassemia)	Largely replaced by CVS or amniocentesis for molecular genetic diagnosis
Measurement of biochemical or other serum markers for fetal disease (eg, fetal infection, thyroid function)	Largely replaced by amniocentesis and PCR (eg, infection); rarely needed (eg, thyroid function)
Direct intravascular therapy	Reported rarely, most commonly for failed maternal systemic treatment of fetal supraventricular tachycardia
Others	

CVS, chorionic villus sampling; FBS, fetal blood sampling; FISH, fluorescence in-situ hybridization; NAIT, neonatal alloimmune thrombocytopenia; NIPT, noninvasive prenatal testing; PCR, polymerase chain reaction.

^a Especially if middle-cerebral artery peak systolic velocity is elevated;

SMFM. Fetal blood sampling. *Am J Obstet Gynecol* 2013.

- Umbilical vein is preferred. The advantages are: (a) vein is larger in size (b) causes less bradycardia and (c) less hemorrhage.

Risks

- This invasive procedure may lead to abortion, preterm labor and intrauterine fetal death.
- These may be due to bleeding, cord hematoma formation, infection (amnionitis), fetomaternal hemorrhage or preterm rupture of membranes.

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:

Mandatory document	Cordocentesis
i. At the time of Pre-authorization	

Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Nuchal translucency (NT) and Early TIFFA (Targeted imaging for fetal anomalies) scan reports	Yes
Detailed Discharge Summary	Yes

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:

- I. Was the prenatal screen of the women positive indicating need for fetal genetic analysis? Yes

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

References:

1. Society for Maternal-Fetal Medicine (SMFM), Berry SM, Stone J, Norton ME, Johnson D, Berghella V. Fetal blood sampling. Am J Obstet Gynecol. 2013 Sep;209(3):170-80. doi: 10.1016/j.ajog.2013.07.014. PMID: 23978246.
2. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.