



Guidance document for processing PM-JAY packages

Dilation and Evacuation

Procedure covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Dilation and Evacuation (D&E)	Dilation and Evacuation (D&E)	S400017	SO019A	5,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO/Equivalent (in Obstetrics & Gynecology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Dilation & Evacuation**, 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:

Dilation and evacuation (D&E) is the most common procedure used to perform first trimester and second trimester abortions. It is performed between 6-20 weeks of development. In this abortion procedure, the cervix.

Proceed with Dilatation & Evacuation for the below mentioned indication:

- Spontaneous/Incomplete abortion
- Hydatidiform mole/Molar pregnancy
- Missed abortion



Common Clinical Presentation

- Amenorrhea
- Bleeding/Spotting per vaginum
- Passage of vesicles in case of hydatidiform mole
- Pain abdomen

Evaluation and Management

- Diagnosis to be confirmed through relevant blood investigations and ultrasound
- Dilatation and Evacuation procedure to be performed as two-step process:
 - Cervical dilatation
 - Evacuation of uterine content

Uterine evacuation between 16 – 20 weeks uterine size should be done preferably under Ultrasound guidance.

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	Dilation & Evacuation
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indications, and advice for admission	Yes
Ultrasound report for establishing the diagnosis	Yes
Rh ABO blood grouping	Yes
Complete blood count	Yes
Serum HCG levels (for hydatidiform mole)	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Detailed operative/ procedure notes	Yes
Investigation reports (if required)	Yes
Histopathology report of evacuated tissue (optional), however in certain conditions such as molar pregnancy or any other suspected pathology it should be available	Yes
Detailed Discharge Summary	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. *Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- b. Did Ultrasonography report provide gestation period / condition of the pregnancy and confirm the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details provided?
- b. Are the detailed procedure / Operative Notes available?
- c. Was the imaging indicative of procedure?
- d. Was histopathological examination report submitted?
- e. Was Serum HCG levels report in hydatidiform mole etiology submitted?
- f. Is the Discharge summary with follow-up advise at the time of discharge submitted?

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. Did the ultrasound findings justify the need for the procedure? Yes
- II. Is the uterine size below 20 weeks? Yes

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

References

1. Dutta (2015). Operative Obstetrics. Textbook of Obstetrics including Perinatology & Contraception, (642 – 645)
2. Padubidri, V., Daftary, S., (2015). Birth Control and Medical Termination of Pregnancy. Shaw's Textbook of Gynecology, (286 - 290).
3. National Comprehensive Abortion Care Training & Service Delivery Guidelines, 2018. MoHFW
4. Jones, R. E., & Lopez, K. H. (2014). *Induced Abortion. Human Reproductive Biology*, 271–282. doi:10.1016/b978-0-12-382184-3.00014-3