



Guidance document for processing PM-JAY packages

Follow-up cases of Molar pregnancy requiring Chemotherapy

Procedures covered/ count: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Follow up cases of Molar pregnancy requiring chemotherapy	Follow up cases of Molar pregnancy requiring chemotherapy	New	SO069A	NRP: 6000 Tier 1: 7500 Tier 2: 7100 Tier 3: 6000

ALOS: 5-7 days

Repeat booking for the same package will be made. The number of times patient will require hospitalization will depend on the trend of Beta-HCG levels. Number of cycles being booked should be clearly mentioned.

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

Special empanelment criteria/linkage to empanelment module: - Tertiary care facility

Disclaimer:

For monitoring and administering the claim management process of **Follow up cases of Molar pregnancy requiring chemotherapy**, 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:

Gestational trophoblastic disease (GTD) is a tumor originating from the trophoblast (abnormal placenta), which surrounds the blastocyst and develops into the chorion and amnion. It is composed of a spectrum of premalignant to malignant disorders. The most common form of GTD is hydatidiform mole, also known as molar pregnancy.

Follow-up is done to confirm the success of treatment given and to identify women with persistent or malignant GTD, such patients may require adjuvant chemotherapy or rarely surgery. The risk of persistent or recurrent GTD is greatest in the first 12 months after evacuation especially within the first 6 months.

Indications: Patient presents with persistent Vaginal bleeding and elevation of serum beta-hCG levels after uterine evacuation

History of the following in preceding pregnancy/ h/o uterine evacuation of a diagnosed mole/ evacuation for missed abortion/ other type of pregnancy termination:

- a. Abnormal vaginal bleeding generally in early pregnancy but in exceptional cases diagnosis could be delayed to later in pregnancy.
- b. Uterus size large for gestational age
- c. Pain from large benign theca-lutein cysts
- d. Vaginal passage of grape-like vesicles
- e. Exaggerated pregnancy symptoms like hyperemesis
- f. Hyperthyroidism
- g. Early preeclampsia
- h. Pelvic/ Abdominal Ultrasound scan showing a vascular or honeycomb appearance / snowstorm appearance of mixed echogenicity & ovaries containing multiple large theca-lutein cysts
- i. High levels of serum beta-hCG (often exceeding 100,000 IU/L)

The indications mentioned above are more pronounced in complete molar pregnancy and less in partial mole

Investigations:

Essential:

- a. Complete blood count, measurement of creatinine and electrolytes, liver - kidney - thyroid function tests, and serial quantification of beta-hCG .
- b. USG abdomen (prior to first admission for chemotherapy)

Optional:

- a. USG abdomen (for subsequent chemotherapy cycles)
- b. CT scan/ MRI/ Chest X-ray: If there are symptoms suggesting pulmonary metastases (as indicated from case-to-case)

Management: A number of chemotherapy regimens are used for treating the disease, like methotrexate, actinomycin D. The commonest regime is methotrexate with leucovorin. Alternative regimes may use Actinomycin D or multidrug therapy.

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. Detailed Clinical notes with history, symptoms, signs, physical examination, investigation report B-HCG levels, trend of serum B-hCG levels must be documented,



h/o uterine evacuation for molar pregnancy, indication for procedure and advice for admission

- b. Clinical note contain serial number of cycle being administered?
- a. Investigation reports (such as beta-hCG level) (essential), USG (essential for first chemotherapy cycle)/ CT/ MRI (optional)
- ii. **At the time of claims submission:**
 - a. Detailed indoor case papers clearly indicating the chemotherapy drug administered
 - b. Discharge summary with follow-up advice

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. Are detailed Clinical notes – all vitals, detailed history, symptoms, signs, physical examination, investigation report B-HCG levels, trend of serum B-hCG levels must be documented, indication for procedure and advice for admission available?
- b. Does the clinical note contain serial number of cycle being administered?

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

- a. Are the detailed Indoor Case Papers available clearly indicating the chemotherapy drug administered?
- b. Is discharge summary available with follow-up advice at the time of discharge?

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. Did the patient have a history of molar pregnancy? Yes
- ii. Was the clinical presentation (persistent vaginal bleeding), physical examination & supporting investigations (high levels of beta-hCG levels) indicative of procedure? Yes
- iii. Is the trend of beta-hCG documented? Yes

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



References:

1. Management of molar pregnancy, Jan-Mar 2009, National Library of Medicine <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3279094/>
2. Chemotherapy and human chorionic gonadotropin concentrations 6 months after uterine evacuation of molar pregnancy: a retrospective cohort study, Jan 2012, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3262143/>
3. Diagnosis and management of gestational trophoblastic disease: 2021 update, FIGO Cancer Report, Oct 2021, <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.13877>