



## Guidance document for processing PM-JAY packages

### High Risk Delivery

**Procedures covered:** 5

**Specialty:** Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
High Risk Delivery	Pre-mature delivery	S400036	SO054A	11,500
High Risk Delivery	Mothers with eclampsia / imminent eclampsia / severe pre-eclampsia	S400038	SO054B	11,500
High Risk Delivery	Major Fetal malformation requiring intervention immediately after birth	S400040	SO054C	11,500
High Risk Delivery	Mothers with severe anaemia (<7 g/dL)	S400041	SO054D	11,500
High Risk Delivery	Other maternal and fetal conditions as per guidelines-e.g previous caesarean section, diabetes, severe growth retardation, etc that qualify for high risk delivery.	S400042	SO054E	11,500

**ALOS:** 7 days

**Minimum qualification of the treating doctor:**

**Essential:** MS/DGO/DNB or equivalent (in Obstetrics & Gynecology)

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

Major fetal malformation package- in **tertiary care hospital only**.

**Disclaimer:**

For monitoring and administering the claim management process of **High Risk Delivery**, 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 NRHM, Tamil Nadu 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 management of patient.

### **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:

Proceed with High risk delivery only if diagnosis made is backed by clinical manifestation

These are indicative and the judgment lies on the treating clinician and the patient condition at time and level of facility of getting admitted

- Pre-mature delivery – spontaneous/ associated with Preterm premature rupture of the membranes (PPROM), signs of infection (like chorioamnionitis)
- Mothers with severe hypertension (eclampsia / imminent eclampsia / severe pre-eclampsia) – seizures, unconscious state
- Major Fetal malformation requiring intervention immediately after birth – antenatal checkup – clinical & investigations
- Mothers with severe anemia (<7 g/dL) – pallor, shortness of breath, tachycardia
- Other maternal and fetal conditions as per guidelines-eg previous caesarean section, diabetes, severe growth retardation, etc that qualify for high risk delivery – antenatal check-up

## 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	High Risk Delivery
<b>i. At the time of Pre-authorization</b>	
Detailed Admission notes (BP charting and blood glucose charting done in OPD)	Yes
Detailed antenatal record (BP charting and blood glucose charting done in OPD) / Reason for non-availability of the antenatal record	Yes
USG abdomen (Recent/ last USG report available)	Yes
<b>ii. At the time of claim submission</b>	
Detailed delivery notes	Yes
Detailed Discharge Summary	Yes
Labour charting	Yes
Detailed status of the new born child	Yes
CBC, viral markers, RFT, LFT, coagulation profile (Recent/ last reports available)	Yes
Prenatal care (PNC) notes	Yes

## **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:**

<b>Mandatory documents</b>	<b>High risk delivery</b>
<b>Pre-auth processing Doctor (PPD)</b>	
<i>Detailed Admission notes</i> – all vitals (BP), detailed history, signs & symptoms, physical examinations, indication for procedure	Yes
<i>USG Abdomen</i> (Recent/ last USG report available)	Yes
Detailed Antenatal record mentioning the EDD/ Reason for non-availability of the antenatal record	Yes
<b>Claims Processing Doctor (CPD)</b>	
Detailed delivery notes	Yes
<i>Discharge summary</i> with follow-up advise at the time of discharge	Yes
CBC, viral markers, RFT, LFT, coagulation profile (Recent/ last reports available)	Yes
Detailed status of the new born child at the time of delivery and at the time of discharge	Yes
Was the Labour chart submitted?	Yes
Were the PNC notes submitted?	Yes

## **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:**

- Was the reason for performing high risk delivery maternal &/ or fetal reason(s)? Please specify the maternal/ fetal reason?

## **Part IV: Guidelines for Auditor:**

- Rate of major fetal malformations being reported from an empaneled healthcare facility?



2. Ratio of high risk delivery to normal delivery done in the empaneled healthcare facility?
3. PI provide Break-up of reasons for high-risk delivery?

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