



## Guidance document for processing PM-JAY packages

### Caesarean Hysterectomy

**Package covered: 1**

**Specialty: Obstetrics & Gynaecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Caesarean hysterectomy	Caesarean hysterectomy	S400035	SO011A	20,000

**ALOS:** 5 days

**Minimum qualification of the treating/operating doctor:**

**Essential:** (1) MS/ DNB / PG Diploma in Obstetrics & Gynaecology (OBS&GYN) or

(2) MS/ DNB in General Surgery with documented reasons for non-availability of a qualified OBS&GYN specialist

It's a life-threatening procedure and if a specialist doctor with Post graduation in OBS&GYN is not available then MS/ DNB (General surgery) with relevant experience may also be considered for performing caesarean hysterectomy procedure. However, in all such cases, there must be proper documentary evidence of the case being performed as an emergency and that there was non-availability of a qualified OBS&GYN specialist.

**Special empanelment criteria/linkages to empanelment module- None**

#### **Disclaimer:**

For monitoring and administering the claim management process of Caesarean hysterectomy, 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 tool for hospitals for selection of corresponding Health Benefit Package and to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.



## 1.2 Clinical key pointers:

- a. The diagnosis made should be backed by clinical or Ultrasonography (USG) findings and all required reports shall be uploaded
- b. Since the procedure is performed as an emergency life-saving procedure, there should be sufficient documentary indication and evidence to support it as an Emergency.

## 1.3 Mandatory documents- For healthcare providers

**This is an Emergency life-saving procedure and pre-authorisation is not required for treatment initiation. The hospital can submit the pre-authorisations and the relevant documents within 24 hours of admission.** Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

### i. At the time of pre-authorization:

**(This is an Emergency life-saving procedure and pre-authorisation is not required for treatment initiation. The hospital can submit the pre-authorisations and the relevant documents within 24 hours of admission):**

- a. Clinical notes clearly indicating reason(s) for being a life-saving procedure and performing caesarean hysterectomy
- b. Lab investigations (Complete Blood count, Blood sugar- fasting and post prandial, Renal function test, liver function test, Urine- routine and microscopy)
- c. Ultrasonography (USG) Abdomen (Pregnancy USG report / scan)

### ii. At the time of claims submission:

- a. Detailed Operative notes
- b. Discharge summary with follow up advise
- c. Delivery note (including birth outcomes)
- d. Pictures of specimen removed (Gross)
- e. Histopathology report of the specimen removed

## **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)**

**This is an Emergency life-saving procedure and pre-authorisation is not required for treatment initiation. The hospital can submit the pre-authorisations and the relevant documents within 24 hours of admission:**

- a. Clinical notes clearly indicating reason(s) for being a life-saving procedure and performing caesarean hysterectomy

- b. Lab investigations (Complete Blood count, Blood sugar- fasting and post prandial, Renal function test, liver function test, Urine- routine and microscopy)
- c. Ultrasonography (USG) Abdomen (Pregnancy USG report / scan)

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

- a. Does the patient have a definitive indication for undergoing Caesarean Delivery, like- Absolute disproportion- Small maternal pelvis, Chorioamnionitis (amniotic infection syndrome), Maternal pelvic deformity, Eclampsia and HELLP syndrome, Fetal asphyxia or fetal acidosis, Umbilical cord prolapse, Placenta previa, Abnormal lie and presentation etc.? HELLP syndrome--H- hemolysis (breakdown of red blood cells), EL- elevated liver enzymes (liver function), LP- low platelets counts.
- b. Is there documentary evidence of indication of caesarean either from USG report of Gravid uterus/ other reports like Non-Stress Test (NST), etc.?
- c. Are detailed operative notes available with indications for caesarean hysterectomy and outcomes of the procedure?
- d. Is the delivery note available with outcomes of pregnancy?
- e. Is discharge summary available with follow-up advise & status of the child at the time of delivery and at the time of discharge?
- f. Is the picture(s) of gross specimen removed available along with the Histopathology report of the specimen removed?

### **PART III: GUIDELINES FOR IT**

**3.1 Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform Transaction Management System (TMS) to ensure compliance with the guidance document 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 in cases of hysterectomy:**

- a. Gender - Female - Yes
- b. Age – Reproductive age – Yes
- c. Gravid Uterus- Yes
- d. Parity  $\geq 2$  - Yes
- e. Youngest child is more than 5 years of age - Yes
- f. Hysterectomy has never been done in the past - Yes

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