



## Guidance document for processing PM-JAY packages

### Chorionic villus sampling

**Procedures covered: 1**

**Specialty: Obstetrics & Gynecology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Chorionic villus sampling	Chorionic villus sampling	S400077	SO048A	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 **Chorionic villus sampling**, 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:**

- Chorionic Villus Sampling (CVS) is performed for prenatal diagnosis of genetic disorders especially in prenatal screen positive women.
- The procedure is carried out transcervically (TC) and transabdominally.
- This procedure is of low risks, technically easier and cytogenetic results are obtained within 24–48 hours

- TC-CVS is avoided in cases with:
  - Cervical myoma
  - Acutely angulated uterus
  - Uterine malformations or in presence of infections, such as the genital herpes or cervicitis
  - In presence of vaginal bleeding

	<b>Chorionic Villus Sampling</b>
<b>Time</b>	Transcervical 10–13 weeks, Transabdominal 10 weeks to term
<b>Materials for study</b>	Trophoblast cells
<b>Karyotype result</b>	<ul style="list-style-type: none"> <li>• Direct preparation: 24–48 hours.</li> <li>• Culture: 10–14 days</li> </ul>
<b>Fetal loss</b>	0.5–1%
<b>Accuracy</b>	Accurate; may need amniocentesis for confirmation
<b>Termination of pregnancy when indicated</b>	1st trimester—safe
<b>Maternal effects following termination of pregnancy</b>	Very little

### Complications

- Fetal loss (1–2%),
- Oromandibular limb deformities
- Vaginal bleeding

False-positive results (2–3%) are there due to placental mosaics and maternal cell contamination. In such a situation, amniocentesis should be performed to confirm the diagnosis. Limb reduction deformity (LRD) is low when CVS is performed after 9 completed weeks of gestation.

### 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:

<b>Mandatory document</b>	<b>Chorionic villus sampling</b>
<b>i. At the time of Pre-authorization</b>	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes

Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
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**

**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):**

- 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.

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

- Are the detailed ICPs with daily vitals and line of treatment details?
- Are the detailed procedure / Operative Notes available?
- Did the NT/Early TIFFA scan reports submitted show any abnormality and indicative of performing the procedure?
- Is the Discharge summary with follow-up advise 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:**



- 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. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.