



Guidance document for processing PM-JAY packages

Intrauterine Transfusions

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Intrauterine Transfusions	Intrauterine Transfusions	S400079	SO021A	11,000

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO/Equivalent (Obstetrics & Gynecology) with training in Foetal Medicine and MD/DNB/Equivalent in Radiologist with training in Foetal Medicine.

Special empanelment criteria/linkage to empanelment module: Specialized foetal medicine unit, well-equipped for invasive Ultrasonography. Facility should be registered as per PCPNDT law for intervention procedures.

Disclaimer:

For monitoring and administering the claim management process of **Intrauterine Transfusions** for 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:

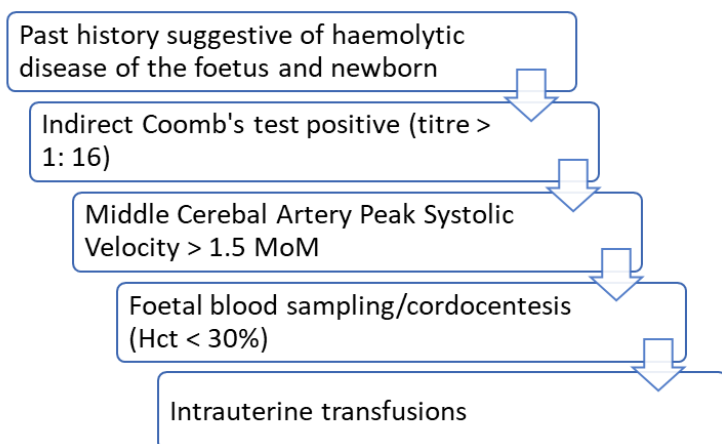
Overall indication for intrauterine transfusion is to manage foetal anaemia in alloimmunized mothers.

The specific indications for intrauterine transfusions are:

1. Elevated Middle Cerebral Artery peak systolic velocity (MCA-PSV): exceeding 1.5 Multiples of the Median (MoM) for that gestational age, as assessed through ultrasound
2. Fetal hemoglobin less than 9 gm% or haematocrit less than 30% for that gestational age, as assessed through foetal blood sampling
3. Development of hydrops foetalis, as seen in the ultrasound

Transfusion is repeated at interval of 2 weeks up to 34 weeks, as per the need.

Flow chart of Intrauterine transfusion evaluation and management



Route for intrauterine transfusion

- Intravascular transfusion (IVT) (preferred method).
- Transfusion into the fetal peritoneal cavity (IPT): if early onset of foetal anaemia (18 weeks or under)
- Intra-cardiac Transfusion (ICT): in critical situations and early onset

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 documents	Intrauterine Transfusions
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line for treatment and advice for admission	Yes
Ultrasound report for foetal signs of haemolytic disease & gestation age	Yes
Complete blood count (CBC) (Hemoglobin)	Yes
ABO Rh of both partners	Yes
Indirect Coomb's test and titre	Yes

Color Doppler study of MCA-PSV	Yes
Optional Urine routine, microscopic complete examination	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Fetal blood sampling/cordocentesis	Yes
Foetal blood haematocrit and MCA-PSV post transfusion (optional)	Yes
Blood transfusion notes (if required)	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?
- Detailed obstetric history documentation including pregnancy outcome (live/still born/abortion), prophylactic administration of anti-D immunoglobulin, previous pregnancy complicated by Haemolytic Disease of the Foetus & Newborn (HDFN), blood transfusion in the past, previous surgery or procedure performed in the past?
- Did the investigations/imaging confirm the diagnosis?

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

- Are the detailed Indoor Case Papers with daily vitals and line of treatment?
- Are the detailed procedure / Operative Notes available?
- Was the history and investigations/imaging indicative of 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. Is the gestation age more than 34 weeks? No
- II. Was the congenital malformation ruled out in the foetus? Yes

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

References:

1. Arora, D. Fetal Blood Transfusion: The Saviour. Ann Natl Acad Med Sci (India), 54(1): 11-30, 2018
2. Cunningham, Leveno, Bloom et al., (2018). Prenatal Diagnosis. William's Obstetrics, (453 – 455).
3. Cunningham, Leveno, Bloom et al., (2018). Fetal Disorders. William's Obstetrics, (464 – 469).
4. Dutta (2015). Complicated Pregnancy. Textbook of Obstetrics including Perinatology & Contraception, (386 – 395).
5. Bhide, A., Arulkumaran, S., Damania, K., Daftary, S., Haematological Disorders and Red-Cell Alloimmunization in Pregnancy. Aria's Practical Guide to High Risk Pregnancy & Delivery, (246 - 251).