



Guidance document for processing PM-JAY packages

Caesarean Delivery

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Caesarean Delivery	Caesarean Delivery	S400034	SO057A	11,500

ALOS: 5-7 days

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module:

Disclaimer:

For monitoring and administering the claim management process of **Caesarean Delivery** 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 Maternal Health division, MoHFW 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 Caesarean Delivery only if diagnosis made is backed by clinical manifestation during antenatal period and post-natal period. The below mentioned is clinical key points are only indicative list.

Some of the reasons for choosing the packages include:

I. Antenatal period

- a. Antepartum Hemorrhage
- b. Fetal macrosomia
- c. Cephalopelvic disproportion
- d. Malpresentation

II. Intrapartum period

- a. Fetal distress
- b. Dysfunctional / prolonged labour
- c. Malpresentation
- d. Obstructed labour
- e. Cord Prolapse
- f. Any other reason may be specified

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	Elective (Caesarean Delivery)	Emergency (Caesarean Delivery)
i. At the time of Pre-authorization		
Detailed Admission notes	Yes	Yes
Detailed antenatal record / Reason for non-availability of the antenatal record	Yes	Yes
USG abdomen (Recent/ last USG report available)	Yes	Yes
Labour charting/ Partograph	No	Yes
Indication of the procedure	Yes	Yes
ii. At the time of claim submission		
Detailed Operative notes	Yes	Yes
Detailed Discharge Summary	Yes	Yes
Labour charting	No	Yes
Detailed status of the new born child	Yes	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:

Mandatory documents	Elective (Caesarean Delivery)	Emergency (Caesarean Delivery)
Pre-auth processing Doctor (PPD)		
<i>Detailed Admission notes</i> – all vitals, detailed history, signs & symptoms, physical examinations, indication for procedure	Yes	Yes
<i>USG Abdomen</i> (Recent/ last USG report available)	Yes	Yes
Detailed Antenatal record / Reason for non-availability of the antenatal record	Yes	Yes
Labour charting	No	Yes
Claims Processing Doctor (CPD)		
<i>Detailed operative notes</i> with indications and outcomes of the procedure	Yes	Yes
<i>Discharge summary</i> with follow-up advise at the time of discharge	Yes	Yes
Detailed vital of the new born child at the time of delivery and at the time of discharge	Yes	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:

- I. Documentation mentioning whether the surgery was Elective or Emergency?
- II. Indication(s) for Caesarean Delivery are mentioned? Yes
- III. Is the gestational period ≥ 39 weeks in case of Elective Caesarean Delivery? Yes



- IV. Reference number for Birth information / Temporary Birth certificate stamped by medical record department of the hospital available? Yes

PART IV: GUIDELINES FOR AUDITOR:

1. Rate of Caesarean delivery to Normal delivery for the facility to be considered during audit.
2. Availability of evidence of Birth information submitted to local authorities/ Temporary Birth record stamped by medical records department of the hospital to be verified.
3. Audit of indications for caesarean section.

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

References:

1. <http://nhsrcindia.org/sites/default/files/Guidelines%20for%20C%20section%20for%20General%20Surgeons.pdf>
2. <https://www.nice.org.uk/guidance/cg132/chapter/1-Guidance>
3. <https://www.who.int/reproductivehealth/infographic-unnecessary-caesarean-section.pdf>
4. <http://www.sthk.nhs.uk/about/Documents/FOI/2015/Microsoft%20Word%20-%20C013%20Guideline%20for%20the%20Management%20of%20Caesarean%20Section%20V.9.pdf>