



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 |
|--|--------------------|
| i. At the time of Pre-authorization | |
| 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 |
| | |
| ii. At the time of claim submission | |
| 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

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

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