



Guidance document for processing PM-JAY packages

Congenital Diaphragmatic Hernia

Packages covered: 1

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Congenital Diaphragmatic Hernia	Congenital Diaphragmatic Hernia	S1400031	SS013A	25,000/-

ALOS: 5 Days

Minimum qualification of the treating doctor:

Essential: MS/ DNB or equivalent (in General Surgery)/ DNB/ MCh./ equivalent (in Pediatric surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Congenital Diaphragmatic Hernia**, 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. 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 Providersⁱ

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:

- Chest movements that don't coordinate with the baby's breathing rhythm
- Breath sounds absent on the affected side
- Bowel sounds heard in the chest
- Concave abdomen that feels less full when touched

1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory document	Congenital Hernia	Diaphragmatic
i. At the time of Pre-authorisation		
Clinical notes		Yes
Chest X ray AP/ Lateral		Yes
USG/ CT scan stills/ report		Yes
ii. At the time of claim submission		
Indoor case papers (ICPs)		Yes
Detailed operative notes		Yes
Detailed discharge summary		Yes
Fetal Cardiogram		Yes
Xray Chest AP/Lat stills/ report		Yes
Pre-anesthesia check-up report		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:

2.2.1 At the time of pre-authorization processing- For pre-authorisation processing doctor (PPD):

- Clinical notes - detailed history, signs & symptoms, indication for procedure?
- Chest X Ray AP/ Lateral?
- USG / CT scan stills/ report?

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?



- b. Is pre-anesthesia check-up report available?
- c. Are the detailed procedure / Operative Notes available?
- d. Is the Discharge summary with follow-up advise at the time of discharge?
- e. Fetal Cardiogram?

PART III: GUIDELINES FOR IT

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:**

- a. Does the patient presented with antenatal USG showing diaphragmatic hernia, respiratory distress, recurrent chest infection? Yes
- b. Was the any of these tests done – X ray chest/ abdomen, USG chest/ CT chest? Yes

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

ⁱReferences: Pediatric surgery guidelines, Mahatma Phule Jeevandayee Arogya Yojana, Govt. of Maharashtra