



## Guidance document for processing PM-JAY packages

### Medical Termination of Pregnancy (MTP)

**Procedures covered:** 3

**Specialty:** Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Medical Termination of Pregnancy	MTP upto 8 weeks	S400047	SO053A	3,500
Medical Termination of Pregnancy	MTP upto 12 weeks	S400046	SO053B	5,000
Medical Termination of Pregnancy	MTP > 12 weeks	S400045	SO053C	6,500

#### **ALOS:**

- MTP upto 8 weeks: Day care
- MTP upto 12 weeks (>8 weeks-12 weeks): Day care
- MTP > 12 weeks: 3 – 4 days

#### **Minimum qualification of the treating doctor:**

##### **Essential:**

- *MTP upto 8 weeks and MTP upto 12 weeks (>8 weeks – 12 weeks):*

MBBS with MTP/Comprehensive Abortion Care (CAC) training or MS/ MD/ DNB (OB&GYN)/ PG Diploma in OBS&GYN

- *MTP > 12 weeks (>12 weeks – 20 weeks):*

MS/ MD/ DNB (OB&GYN)/ PG Diploma in OBS&GYN or other eligibility conditions as enlisted in section 2 of MTP Rules, 2003 (opinion of atleast 2 registered medical practitioner are required)

##### **Special empanelment criteria/linkage to empanelment module:**

- *MTP upto 8 weeks and MTP upto 12 weeks (>8 weeks – 12 weeks):*

- i Facility to be an MTP centre approved by District Level Committee (DLC) for MTP upto 12 weeks

- *MTP > 12 weeks (>12 weeks – 20 weeks):*

- ii Facility to be an approved MTP centre for MTP upto 20 weeks, by District Level Committee (DLC).

#### **Disclaimer:**



For monitoring and administering the claim management process of **MTP upto 8 weeks; MTP upto 12 weeks; MTP > 12 weeks**, NHA shall be following these guidelines which have been developed based on **National Guidelines on Comprehensive Abortion Care Training & Service Delivery, by MoHFW**. 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.

**This document is applicable only for cases where hospitalization is required for termination of pregnancy as per the provisions of the extant Medical Termination of Pregnancy Act**

**Necessary paras in this document will change subject to amendments in the MTP act from time to time.**

## **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:**

#### **1.2.1: MTPs upto 8 weeks**

a. Proceed with MTP of up to 8 weeks for the below mentioned indication:

- Termination of pregnancy upto 8 weeks gestation/uterine size

#### **1.2.2: MTPs upto 12 weeks (>8 weeks to 12 weeks)**

a. Proceed with MTP of up to 12 weeks for the below mentioned indication:

- Termination of pregnancy of > 8 weeks - 12 weeks gestation/uterine size
- Terminating a pregnancy suggestive of any congenital fetal malformation diagnosed on USG

#### **1.2.3: MTPs > 12 weeks (>12 weeks to 20 weeks)**

a. Proceed with MTP of more than 12 weeks for the below mentioned indication:

- Termination of pregnancy of >12 weeks- 20 weeks gestation/uterine size



- Terminating a pregnancy with documented evidence of any congenital fetal malformation diagnosed on USG

**Note:**

- Procedures (1.2.1 – 1.2.3) not to be performed in cases with acute pelvic and vaginal infections;
- Reasons for termination of pregnancy must be clearly documented

### **1.3 STANDARD TREATMENT WORKFLOW (National Comprehensive Abortion Care Training & Service Delivery Guidelines, MoHFW)- For clinicians/ treating doctor**

**Note:**

If blood gp of the patient is Rh -ve then husband's Blood gp Rh must also be documented. In case the husband is Rh +ve then the patient must be given anti-D Immunoglobulin.

#### **1.3.1: MTP upto 8 weeks**

**Indication:** Termination of pregnancy upto 8 weeks

**Contraindication:** Acute pelvic or vaginal infection (to be done under antibiotic cover)

<b>History:</b> Amenorrhea of upto 2 months	<b>Pelvic Examination:</b> Intrauterine pregnancy of upto 8 weeks uterine size	<b>Investigations:</b> Haemoglobin, PCV, ABO Rh Urine for pregnancy test/USG (optional)/ If no USG is done, then ectopic pregnancy risk should be counselled to the patient
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#### **1.3.2: MTP upto 12 weeks (>8 weeks to 12 weeks)**

**Indication:** Termination of pregnancy >8 weeks to 12 weeks

**Contraindication:** Acute pelvic or vaginal infection (to be done under antibiotic cover)

<b>History:</b> Amenorrhea of upto 3 months	<b>Pelvic Examination:</b> Intrauterine pregnancy of upto 12 weeks uterine size	<b>Investigations:</b> Haemoglobin, PCV, ABO Rh Urine for pregnancy test, USG (mandatory) in those cases where MTP is due to congenital malformation)
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### 1.3.3: MTP > 12 weeks (>12 weeks to 20 weeks)

**Indication:** Termination of pregnancy of >12 weeks – 20 weeks; reason for terminating pregnancy must be documented

<b>History:</b> Amenorrhea of upto four and a half months	<b>Abdominal Examination:</b> Intrauterine pregnancy of 13 - 20 weeks uterine size	<b>Investigations:</b> Haemoglobin, PCV, ABO Rh, USG (mandatory), if no fetal congenital malformation is observed on USG, then reason for delayed termination must be clearly documented
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In any case of MTP (upto 8 weeks, >8 weeks-12 weeks, >12 weeks- 20 weeks)- if the patient's Hb <8g/dl, the patient should preferably be referred to tertiary care centres; pros and cons should be explained to the patient and a high risk consent be taken before performing the procedure.

In cases where the girl is a minor (under the age of 18 years), the healthcare provider needs to inform the local authorities (local police station/ district child welfare officer) when providing abortion services under the MTP Act. (copy of this must be submitted) As per the 2013, MoH&FW Guidelines and Protocols- Medico-legal care for survivors/ victims of sexual violence (<https://main.mohfw.gov.in/sites/default/files/953522324.pdf>), “providing treatment and necessary medical investigations is the prime responsibility of the examining doctor” and that “admission, evidence collection or filing a police complaint is not mandatory for providing treatment”. The necessary provisions under the POSCO Act must also be referred to while offering MTP services to the minor. May also refer to the following document for more details:

<https://www.ipasdevelopmentfoundation.org/resourceFiles/75201803210124.pdf>



For further details on the procedure, please refer to the Comprehensive Abortion Care Training & Service Delivery Guidelines, 2018, by MoHFW, GoI, at the link below or the extant guidelines of the Government of India:

[https://nhm.gov.in/New\\_Updates\\_2018/NHM\\_Components/RMNCHA/MH/Guidelines/CAC\\_Training\\_and\\_Service\\_Delivery\\_Guideline.pdf](https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/CAC_Training_and_Service_Delivery_Guideline.pdf)

#### Acronyms used:

- i. CAC: Comprehensive Abortion Care
- ii. D & E: Dilatation & Evacuation
- iii. DLC: District Level Committee
- iv. EVA: Electric Vacuum Aspiration
- v. GA: General Anaesthesia
- vi. mg: milligrams
- vii. mcg: micrograms
- viii. mm: millimeters
- ix. MMA: Medical Methods of Abortion
- x. MoHFW: Ministry of Health & Family Welfare
- xi. MVA: Manual Vacuum Aspiration
- xii. POC: Products of Conception
- xiii. RMP: Registered Medical Practitioner (as under the MTP Act)
- xiv. R/E: Routine Examination
- xv. USG: Ultrasonography

#### 1.4 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
<b>i. At the time of Pre-authorization</b>
<ul style="list-style-type: none"><li>• Detailed Admission notes with History &amp; indication</li><li>• Findings of clinical examination</li><li>• How was pregnancy confirmed? UPT/ Clinical examination/ USG</li><li>• Reports of mandatory investigations:<ul style="list-style-type: none"><li>○ Hemoglobin, Packed cell volume (PCV)</li><li>○ Urine routine examination</li><li>○ ABO Rh (MTP &gt;8 weeks)</li><li>○ <i>USG (if available), mandatory for pregnancy &gt;8 weeks-12 weeks &amp; &gt;12 weeks to 20 weeks</i></li></ul></li><li>• MTP form</li><li>• Detailed operative note</li></ul>

<ul style="list-style-type: none"> <li>• Age proof</li> <li>• Completed Consent form (Form C, given as Annexure 1)</li> <li>• Completed RMP Opinion Form (<i>Form I, given as Annexure 2</i>)</li> </ul>
<b>ii. At the time of claim submission</b>
<p>Detailed Operative notes:</p> <ul style="list-style-type: none"> <li>• Method used for termination</li> <li>• Medications/anaesthesia used</li> <li>• Outcomes of the procedure</li> </ul>
<p>Detailed Discharge Summary:</p> <ul style="list-style-type: none"> <li>• Prescription of drugs</li> <li>• Warning signs and symptoms</li> <li>• Contraceptive use</li> <li>• Follow up visit date</li> </ul>
Completed entry in MTP/Admission Register ( <i>Form III, given as Annexure 3</i> )

## **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:**

<b>Mandatory documents</b>
<b>Pre-auth processing Doctor (PPD)</b>
<p>Detailed Admission notes with history &amp; indication for procedure</p> <ul style="list-style-type: none"> <li>• Clinical examination incl. symptoms, signs, vitals, etc.</li> <li>• Age proof</li> <li>• Completed Consent Form (Form C)</li> <li>• Completed RMP Opinion Form (Form I)</li> </ul>
<p><i>Investigations:</i> Reports of mandatory investigations:</p>

<ul style="list-style-type: none"> <li>• Hemoglobin</li> <li>• Urine routine examination</li> <li>• ABO Rh (for MTP &gt; 8 weeks)</li> <li>• <i>USG (if available for upto 8 weeks), mandatory for pregnancy beyond 8 weeks (&gt;8 weeks to 12 weeks &amp; &gt;12 weeks to 20 weeks)</i></li> </ul>
<p><i>Pelvic examination</i> – to establish that uterine size is corresponding to the gestation age for which MTP is being carried out (upto 8 weeks/ &gt;8 weeks to- 12 weeks/ &gt;12 weeks – 20 weeks)</p>
<p><b>Claims Processing Doctor (CPD)</b></p>
<p><i>Documentation formats as desired under MTP Act:</i></p> <ul style="list-style-type: none"> <li>• Completed entry in Admission Register (Form III).</li> </ul>
<p><i>Detailed operative notes with:</i></p> <ul style="list-style-type: none"> <li>• Method used for MTP</li> <li>• Medication/ anesthesia given</li> <li>• Outcomes of the procedure including ensuring of complete expulsion of foetal parts and placenta</li> </ul>
<p><i>Discharge summary with follow-up advice at the time of discharge:</i></p> <ol style="list-style-type: none"> <li>Medications</li> <li>Expected side effects: bleeding/spotting P/V, mild pain abdomen</li> <li>Warning signs for return: excessive bleeding, severe pain abdomen, foul smelling discharge/fever/ continuing symptoms of pregnancy</li> <li>Contraceptive advice</li> </ol>

### **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:**

- Acute pelvic infection – No
- Uterine size (pre procedure) more than the gestation age for which MTP procedure is being performed – No
- Age proof has been taken- Yes
- Completed consent form (with Guardian signature in case of a minor) has been submitted- Yes



- v. If blood gp of the patient is Rh -ve & husband's blood gp is Rh +ve then was the patient given anti-D Immunoglobulin - Yes

These should be done in consultation with respective specialist, by the preferred method as per the medical condition

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

## Consent Form

## Annexure – 1

### Form C

(See rule 9)

I.....daughter/wife of.....  
aged about.....years of.....(here state  
the permanent address) at present residing at.....  
do hereby give my consent to the termination of my pregnancy at.....  
.....(state the name of place where the pregnancy is to be terminated)

Place:

Date:

Signature

### (To be filled in by guardian where the woman is a mentally ill person or minor)

I.....son/ daughter/ wife of .....  
aged about.....years of.....at  
(Permanent address)  
present residing at.....  
do hereby give my consent to the termination of the pregnancy of my ward.....  
who is a minor/ mentally ill person at.....





(place of termination of pregnancy)

Place:

Date:

Signature

## RMP Opinion Form

## Annexure – 2

### FORM 1 [See Regulation 3]

\_\_\_\_\_  
(Name and qualifications of the Registered Medical Practitioner in block letters)

\_\_\_\_\_  
(Full address of the Registered Medical Practitioner)

\_\_\_\_\_  
(Name and qualifications of the Registered Medical Practitioner in block letters)

\_\_\_\_\_  
(Full address of the Registered Medical Practitioner)

hereby certify that \*I/We am/are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of \_\_\_\_\_

(Full name of pregnancy woman in block letters)

Resident of \_\_\_\_\_

(Full address of pregnant woman in block letters)

for the reasons given below\*\*.

\* I/We hereby give intimation that \*I/We terminated the pregnancy of the woman referred to above who

bears the Serial No. \_\_\_\_\_ in the Admission Register of the hospital/approved place.

Signature of the Registered Medical Practitioner

Signature of the Registered Medical Practitioners

Place:

Date:

\*Strike out whichever is not applicable.

\*\*of the reasons specified items (i) to (v) write the one which is appropriate.

- (i) in order to save the life of the pregnant women,
- (ii) in order to prevent grave injury to the physical and mental health of the pregnant woman,
- (iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,



- (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape,
- (v) as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

**Note:** Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place:

Date:

Signature of the Registered Medical Practitioner/Practitioners

**Admission Register (Only the details of the concerned beneficiary are required to be uploaded)**

Name of Facility \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

S.No	Date of admission	Name of patient	Wife/daughter of	Age (in years)	Religion	Address	Duration of pregnancy	Reasons for which pregnancy is terminated	Date of termination of pregnancy	Date of discharge of patient	Result & remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed	Name of Registered Medical Practitioner(s) by whom pregnancy is terminated
1	2	3	4	5	6	7	8	9*	10	11	12	13	14

\* Note : In Column 9 write :- (i) in order to save the life of the pregnant woman, (ii) in order to prevent grave injury to the physical or mental health of the pregnant woman, (iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped, (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape, (v) as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

