Guidance document for processing PM-JAY packages

Amniocentesis

Procedures covered: 1 **Specialty:** Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Amniocentesis	Amniocentesis	S400076	SO047A	14,500

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/ or equivalent (in Obstetrics & Gynecology); (DM/Equivalent in Genetics)

Special empanelment criteria/linkage to empanelment module:

Care preferably at a Tertiary hospital, procedure done under ultrasound guidance. Facility should be registered as per PCPNDT law for **intervention procedures.**

Disclaimer:

For monitoring and administering the claim management process of **Amniocentesis,** 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:

Amniocentesis is the aspiration of amniotic fluid from the amniotic cavity and is usually used for prenatal diagnosis of aneuploidy or congenital diseases and infections. It is the most commonly performed invasive fetal test.

INDICATIONS

- Increased risk of fetal aneuploidy in the combined test, non-invasive prenatal test (NIPT), abnormal genetic sonography (positive major soft tissue marker, two positive minor soft tissue marker), previously affected fetus, family history of a balanced translocation.
- Increased risk for genetic disease, i.e., an autosomal recessive disease with carrier status of both parents, or X-linked recessive diseases.
- Maternal transmittable disease, i.e., TORCH infections, such as toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and other organisms.
- Therapeutic: In hydramnios to relieve maternal discomfort and to instill intraamniotic drugs.

CONTRAINDICATIONS

There are no absolute contraindications for the procedure. Relative contraindications include:

- Infections
- Patients on anticoagulants. Oral anticoagulants should be stopped 48 to 72 hours before the procedure, and patients may be shifted to low molecular weight heparin.

COMPLICATIONS

- Maternal complications are:
  (1) Premature rupture of the membranes / Abortion / preterm labor
  (2) Infection
  (3) Hemorrhage (placental or uterine injury)
  (4) Maternal isoimmunization in Rh-negative cases
- Fetal hazards are:
  (1) Fetal loss (1 in 400 procedures)
  (2) Trauma
  (3) Fetomaternal hemorrhage
  (4) Oligohydramnios due to leakage of amniotic fluid and that may lead to:
    (i) Fetal lung hypoplasia
    (ii) Respiratory distress
    (iii) Talipes
    (iv) Amnionitis (rare)

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	Amniocentesis
i. At the time of Pre-authorization	
Detailed clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Report of biochemical tests	Yes
Nuchal translucency (NT) and/or Early TIFFA (Targeted imaging for fetal anomalies) scan reports	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs) with details of indication	Yes
Detailed procedure notes	Yes
Claim processing submission with amniotic fluid report (usually within 2 weeks)	Yes
Detailed Discharge Summary	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. Has the indication for amniocentesis been clearly written? Yes
II. Did the final report of amniotic fluid confirm the clinical suspicion? Yes

PART IV: GUIDELINES FOR AUDITOR:

I. No. of audit of amniocentesis performed

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

References:

1. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.
2. Jindal A, Chaudhary C. Amniocentesis. [Updated 2020 Jun 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK559247/