Using Unspecified package (U100)

PM-JAY by policy covers only in-patient care and specific day care surgeries linked to technological advancements that do not require hospital stay such as cataracts, chemo/ radio therapy, dialysis, lithotripsies etc. The benefits manual under PM-JAY lists down, explicitly defined benefits packages (1393) with fixed price schedules. However, to ensure that PM-JAY beneficiaries are not denied care, for treatments that do not feature in the listed interventions there is an exclusive provision that has been enabled in the TMS (transaction management system) for blocking such treatments, subject to satisfying certain defined criteria (as mentioned in this note)

This guidance note, is an advisory for all stakeholders involved (from point of care service delivery to claims processing and adjudication) under PM-JAY: State Health Agencies, Hospitals, Claim Approval teams (PPD, CPD, PeX, CeX) etc. State Health Agencies are requested to circulate this guideline to the concerned.

Package Code in TMS: U100

Selection:

- Under State TMS it is present across all surgical specialties – S1 to S16
- Under NTMS, it is present under General Surgery – S1

Pre-authorization status: Yes

Price limit:

- Capped at INR 1,00,000 per policy year, per PM-JAY family.
- It can be used in a single instance/ as a single package or multiple times but limited to the overall capped amount eligible per family.
- The system will block/ stop taking in pre-auth amount to proceed, automatically once INR 1,00,000 is utilized under U100 code for a beneficiary family in a given policy year.

How to book: In the event of surgical treatments that are not present in the listed packages the following process may be followed:

- Upon selecting U100 under the appropriate specialty, the provider should be able to initiate a request to PPD for pre-authorization

- Two fields open, one for mentioning the procedure and second one for filling in the price for end to end treatment for the unspecified package sough

When can it be booked/ criteria for treatments that can be availed:

- U100 can be booked only for surgical treatments.
- Compulsory pre-authorization is in-built while selecting this code for blocking treatments.
- U100 cannot be raised under multiple package selection.
- Government reserved packages cannot be availed by private hospitals under this code. PPD/ CPD may reject such claims on these grounds. In addition, SHA may circulate government reserved packages to all hospitals. Further States need to establish suitable mechanisms to refer such cases to the public system – as means to avoid denial of care.
- In the event of portability, the home state approval team may either reject if a government reserved package of the home state is selected by a private hospital in the treating state or consider on grounds of 'emergency'.
- Aesthetic treatments of any nature cannot be availed under this code or as such under any other listed codes under PM-JAY. Only medically necessary with functional purpose/ indications can be covered. The procedure should result in improving/restoring bodily function or to correct significant deformity resulting from accidental injury, trauma or to address congenital anomalies that have resulted in significant functional impairment.
- Individual drugs or diagnostics cannot be availed under this code. Only LISTED drugs and diagnostics with fixed price schedules under the drop down of respective specialties are included for blocking treatments.
- None of the treatments that fall under the exclusion list of PM-JAY can be availed viz. individual diagnostics for evaluation, out-patient care, drug rehabilitation, cosmetic/ aesthetic treatments, vaccination, hormone replacement therapy for sex change or any treatment related to sex change, any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalization for treatment etc. Detailed list of exclusions can be referred from the 'Model tender document for selection of insurance company/ ISA to provide services under PM-JAY at https://pmjay.gov.in/download-documents.

Price fixing:

- It is advised to choose the price of a similar package within the benefit package list as a benchmark for negotiating a price for U100 packages i.e. similar resource intensiveness, consumables and ALOS involved.
- Hospitals/ claims approval team need to cite such reference packages from the main benefits package list while giving pre-auth comments.

Process:

- Provider initiates the pre-auth with amount and package description to PPD/ CPD
- Special investigations are not defined under U100, like other standard listed packages. However, there is provision for attaching documents to initiate pre-auth.
- PPD/ CPD may ask for additional documentation requirements to validate diagnosis against treatment package selected.
- If price mentioned by provider needs to be negotiated, PPD/ CPD may do so. Once a price is arrived at after negotiation with the hospital, PPD/ CPD will have the option to edit the initial price quoted by the hospital. Approved amount will reflect in the Case amount status and will be the pre-auth amount for undertaking treatment.
- During discharge, the provider may provide standard claim details and post treatment documentation as agreed to in discussion with the claim approval agent/ team and initiate claim for payment to the hospital.