

Guidance document for processing PM-JAY packages

Acute Viral Hepatitis

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price
Acute viral hepatitis	Acute viral hepatitis	M100022, M200033	MG012A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 3-5 Days

Minimum qualification of the treating/operating doctor:

Essential: MBBS

Desirable: MD / DNB equivalent (in General Medicine, Pediatric Medicine)

Special empanelment criteria/linkages to empanelment module- None

Disclaimer:

For monitoring and administering the claim management process of **Acute viral Hepatitis**, 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: Refers hepatic infection by the hepatotropic virus's hepatitis A–E.

- Low grade fever
- Anorexia
- Nausea and Vomiting
- Fatigue
- Malaise
- Arthralgias
- Headache

- h. Photophobia
- i. Dark urine, yellow tint to sclera and clay colored stool may be noticed from 1-5 days

1.3 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	Acute Viral Hepatitis
i. At the time of Preauthorization	
a. Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, Planned line of treatment	Yes
b. USG Whole Abdomen	Yes
c. LFT (Liver function test), Serum Bilirubin	Yes
d. Serological test for hepatitis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case paper along with treatment details submitted?	Yes
b. Post treatment LFT (Liver function test), Serum Bilirubin	Yes
c. Detailed discharge summary	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)

- a. Was the Clinical notes & detailed history submitted? Is the detailed planned line of treatment mentioned admission note?
- b. Are the LFT and serum bilirubin reports submitted?
- c. Does it show elevated plasma aminotransferase, serum bilirubin and alkaline phosphatase?
- d. Is the USG abdomen report submitted?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Is the detailed Indoor case paper with daily vitals and line of treatment submitted?



- b. Is the post treatment LFT and serum bilirubin report submitted?
- c. Is the discharge summary submitted with follow-up advise at the time of discharge?

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 in cases of acute viral hepatitis:

- a. Was the serum bilirubin level above 2.5 mg/dl? Yes
- b. Serum aminotransferase exceeding 400U/L? Yes

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

References:

1. Lefkowitz JH. Acute Viral Hepatitis. Scheuer's Liver Biopsy Interpretation. 2021;89-107. doi:10.1016/B978-0-7020-7584-1.00006-1.