

Guidance document for processing PM-JAY packages

Poisoning

Procedures covered: 2

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Poisoning	Acute organophosphorus poisoning	M100024	MG071A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Poisoning	Other poisonings	M100025, M100043, M200008, M200068	MG071B	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 5 Days

Minimum qualification of the treating doctor:

Desirable: MBBS

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

Special empanelment criteria/linkage to empanelment module: Secondary care facilities

Disclaimer:

For monitoring and administering the claim management process of **Poisoning** for 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:

Proceed with **Poisoning procedure** only if diagnosis made is backed by clinical manifestation:

POISONING

Stepwise care approach to a patient of poisoning is helpful in successful management.

Diagnosis

Table 2.8. Signs and symptoms helpful in diagnosis of poisoning

Signs	Poisons
1. CNS signs	
Delirium/ hallucinations	Antihistamines, datura, atropine and related drugs, psychomimetics, bromides, salicylates, pesticides.
Depression/ coma	Barbiturates and other sedatives, hypnotics, tranquilizer, morphine group, organic solvents, carbon monoxide, cyanides.
Convulsions	Organophosphates, organochlorines, phenol, amphetamine, atropine, kerosene, aminophylline, benzoyl benzoate, salicylates, strychnine.
Weakness or paralysis	Lead, arsenic, botulism, organic mercurials, triorthocresyl phosphate, pesticides.
Fasciculations	Organophosphates.
Dilated pupil	Atropine group, cocaine, nicotine.
Small pupil	Opium group, phenothiazines, organophosphates.
2. Respiratory signs	
Respiratory difficulty	Organophosphate-insecticides, salicylates, botulism, carbon monoxide, cyanides, atropine.
Cyanosis without respiratory distress	Methaemoglobinaemia.
3. Temperature abnormality	
High fever	Salicylates, anticholinergic, atropine, organophosphates, nitrophenols, kerosene, paracetamol.
Hypothermia	Opiates, barbiturates.

Signs	Poisons
4. CVS signs	
Hypotension	Beta-blockers, sedatives, hypnotics or narcotic.
Hypertension	Amphetamine or sympathomimetic overdose, sedative or narcotic withdrawal.
Bradycardia	Digitalis, beta-blockers, calcium channel antagonists or hypothermia.
5. Odours	Kerosene, bitter almond-cyanides, garlic-parathion, organophosphates, phosphorus, alcohol, paraldehyde, phenols and cresols, sulfides.

ORGANOPHOSPHORUS POISONING (OP)

- Common agents for organophosphorus poisoning are malathion, parathion (fatal dose 0.1 mg/kg).
- Onset of symptoms is within 12 hours of exposure; usually following a household spraying.

Clinical Features

- Dizziness, headache.
- Blurred vision, miosis, excessive lacrimation
- Salivation, nausea, vomiting, diarrhoea, epigastric pain,
- Sense of constriction around chest, dyspnoea,
- Sweating, muscle twitching, fasciculations, flaccidity and muscle weakness
- Convulsions, loss of reflexes and coma.

Diagnosis

Red cell cholinesterase level, which is reduced to 20% of the normal values in clinically apparent poisoning (normal range 5-12 U/ml).

There are many other poisoning types such as Aluminum phosphide, Phenol, Hydrocarbons, Carbene monoxide, Ethylene glycol and Methanol, Datura poisoning, Opioid intoxication etc.

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	Poisoning
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Red cell cholinesterase level, ECG, CBL, LFT, KFT reports (as applicable)	Yes
c. Copy of Medico legal certificate / FIR	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers with treatment given details	Yes
b. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization 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:

Mandatory documents	Poisoning
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Were the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes
b. Was the Red cell cholinesterase level, ECG, CBL, LFT, KFT (as applicable) submitted?	Yes
c. Was the Copy of Medico legal certificate / FIR submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Was the Detailed Indoor case papers with the Treatment details submitted?	Yes
b. Detailed discharge summary	Yes

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:

1. Was the clinical notes, signs, and symptoms, supporting with laboratory investigations are indicative of poisoning? Yes

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

Reference:

1. Standard treatment guidelines 2016, Directorate of Public health and family welfare, Madhya Pradesh.