



Guidance document for processing PM-JAY packages

Acute exacerbation of Interstitial Lung Disease

Packages covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Acute exacerbation of Interstitial Lung Disease	Acute exacerbation of Interstitial Lung Disease	M100020	MG030A	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 doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Acute exacerbation of Interstitial Lung Disease**, 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:

- a. Continued Coughing
- b. Shortness of the breath / Breathlessness
- c. Chest discomfort



- d. Fatigue
- e. Occasionally weight loss

Indications: Acute exacerbation of interstitial lung disease (ILD) is associated with a poor prognosis and high mortality.

- a. Acute worsening or development of dyspnea within less than 1 month
- b. Increased sputum production, fever, and flu-like symptoms
- c. Many patients present with a severe hypoxemia in the arterial blood gas analysis and respiratory failure

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	Acute exacerbation of Interstitial Lung Disease
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Chest X ray / CT scan	Yes
c. CBC, Blood Sugar (Fasting, PP and Random)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post treatment Chest X ray / CT scan report	Yes
c. 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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):



- a. Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?
- b. Was the Chest X ray / CT scan report submitted?
- c. Was the CBC, Blood sugar (Fasting and PP) submitted?

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

- a. Are the detailed Indoor case papers with daily vitals and line of treatment?
- b. Post treatment Chest X ray / CT scan report submitted?
- c. Is the Discharge summary 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:**

- I. Does the patient complain of continued cough with/without shortness of breath? Yes
- II. Was the X ray / CT scan report suggestive of patient having evidence of Interstitial lung disease? Yes

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

References:

1. Leuschner, Gabriela, and Jürgen Behr. "Acute exacerbation in interstitial lung disease." *Frontiers in medicine* 4 (2017): 176.
2. Kolb, Martin, et al. "Acute exacerbations of progressive-fibrosing interstitial lung diseases." *European Respiratory Review* 27.150 (2018).