Guidance document for processing PM-JAY packages

Gastroenteritis, Dehydration

Procedures covered: 3 **Specialty: General Medicine/ Pediatric Medical Management**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Acute gastroenteritis with dehydration	Acute gastroenteritis with moderate dehydration	M100001	MG009A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Acute gastroenteritis with severe dehydration	Acute gastroenteritis with severe dehydration	M100048	MG009B	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Recurrent vomiting with dehydration	Recurrent vomiting with dehydration	M100002	MG025A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (days): 2 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:

Disclaimer:

ICMR has issued clinical guidelines for Management of **Gastroenteritis, Dehydration** to be followed in country. For monitoring and administering the claim management process of Chronic diarrohea, Persistent diarrohea 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 the ICMR poster and 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.

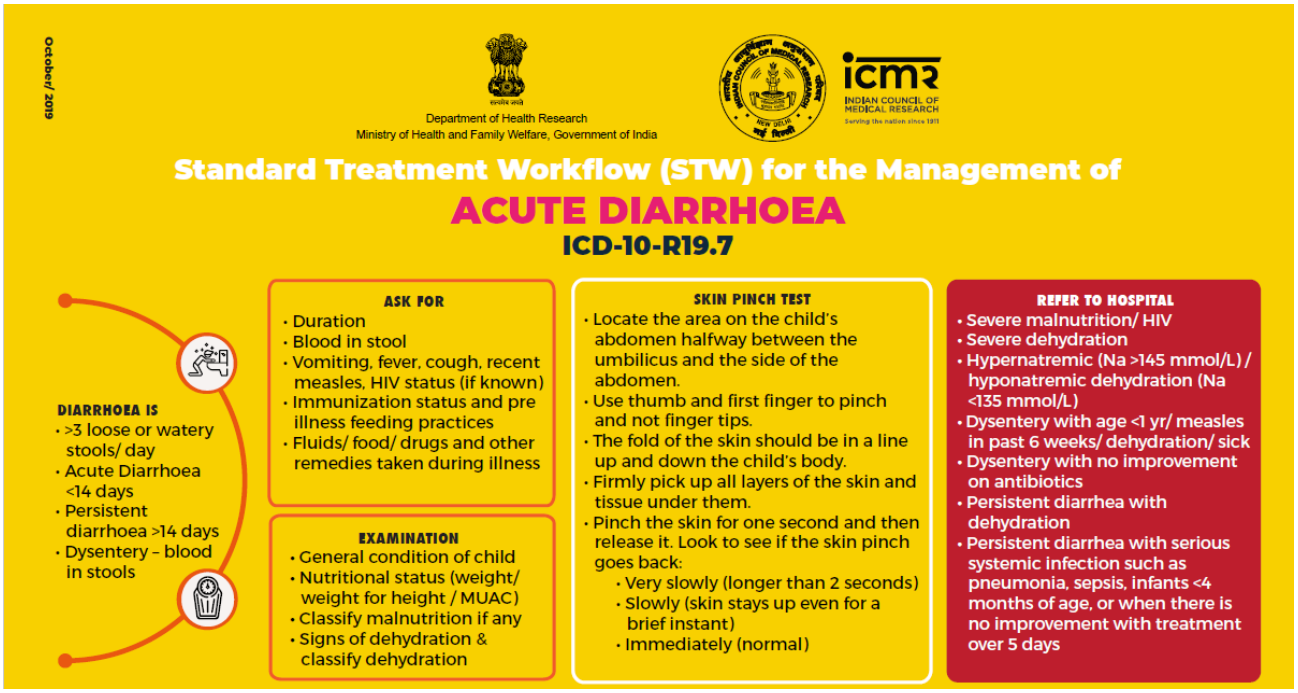
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

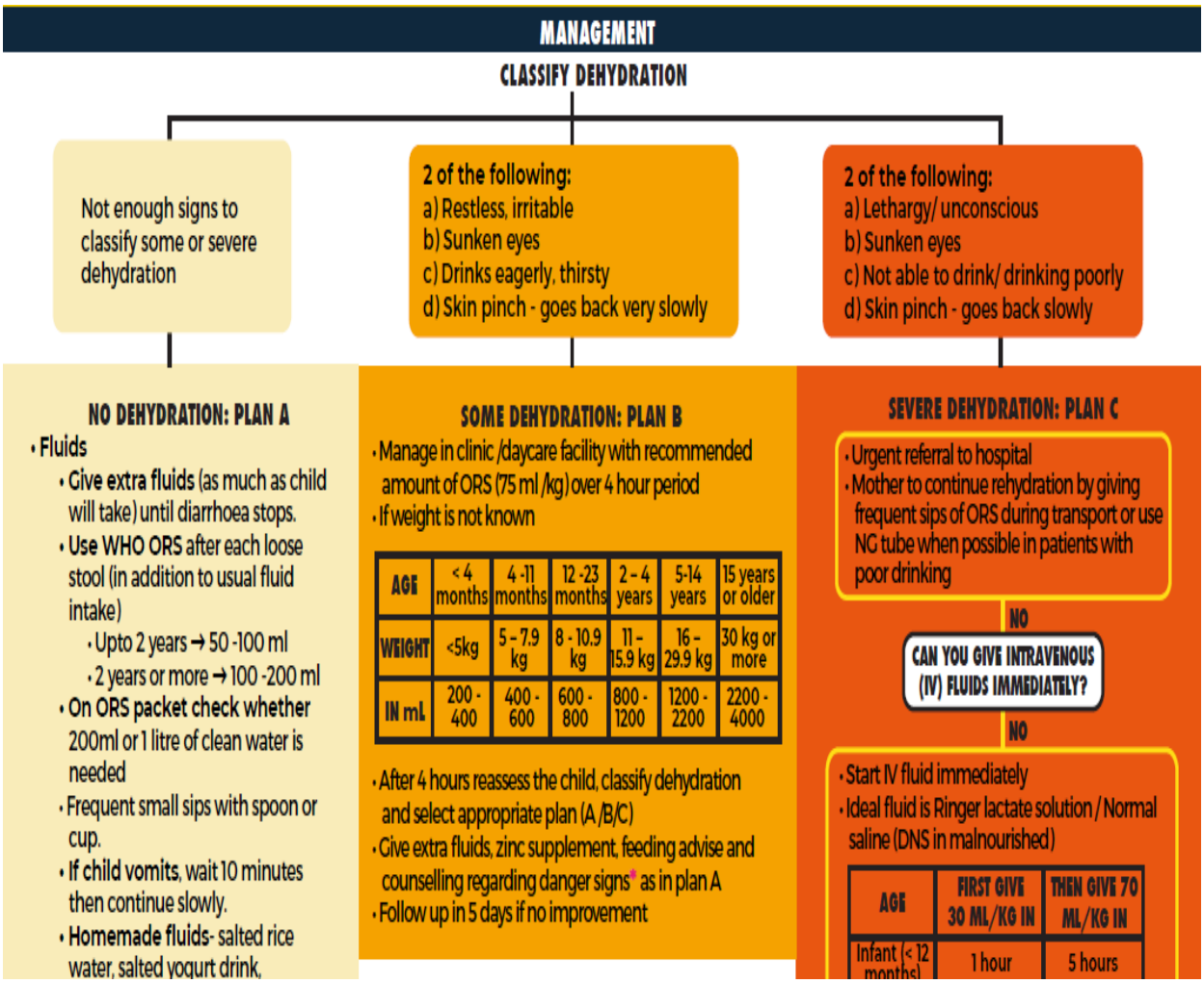
1.2 Clinical key pointers:

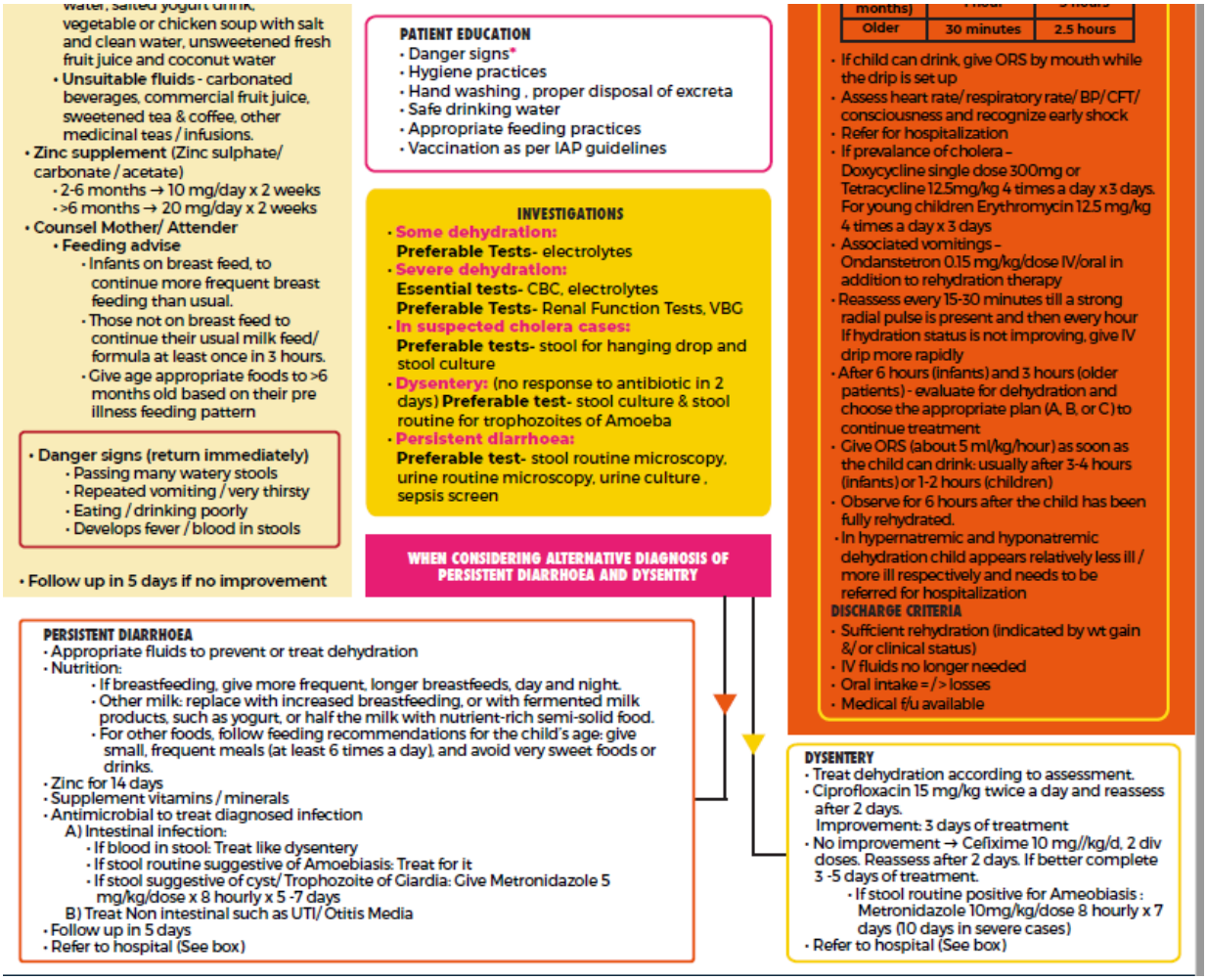
Proceed with management of Diarrohea / Acute gastroenteritis with dehydration / Recurrent vomiting with dehydration only if diagnosis made is backed by clinical signs,

1. >3 loose or watery stool / day
2. Nausea and vomiting
3. Pain in Abdomen / Abdominal cramps
4. Bloating
5. Fever (+ / -)

1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)[i]- For clinicians/ treating doctor




MANAGEMENT
CLASSIFY DEHYDRATION
Not enough signs to classify some or severe dehydration
2 of the following:
a) Restless, irritable
b) Sunken eyes
c) Drinks eagerly, thirsty
d) Skin pinch - goes back very slowly
2 of the following:
a) Lethargy/ unconscious
b) Sunken eyes
c) Not able to drink/ drinking poorly
d) Skin pinch - goes back slowly
NO DEHYDRATION: PLAN A
• Fluids
• Give extra fluids (as much as child will take) until diarrhoea stops.
• Use WHO ORS after each loose stool (in addition to usual fluid intake)
• Upto 2 years → 50 -100 ml
• 2 years or more → 100 -200 ml
• On ORS packet check whether 200ml or 1 litre of clean water is needed
• Frequent small sips with spoon or cup.
• If child vomits, wait 10 minutes then continue slowly.
• Homemade fluids- salted rice water, salted yogurt drink,
SOME DEHYDRATION: PLAN B
• Manage in clinic /daycare facility with recommended amount of ORS (75 ml /kg) over 4 hour period
• If weight is not known
AGE | < 4 months | 4 -11 months | 12 -23 months | 2 - 4 years | 5-14 years | 15 years or older
WEIGHT | <5kg | 5 - 7.9 kg | 8 - 10.9 kg | 11 - 15.9 kg | 16 - 29.9 kg | 30 kg or more
IN mL | 200 - 400 | 400 - 600 | 600 - 800 | 800 - 1200 | 1200 - 2200 | 2200 - 4000
• After 4 hours reassess the child, classify dehydration and select appropriate plan (A /B/C)
• Give extra fluids, zinc supplement, feeding advise and counselling regarding danger signs* as in plan A
• Follow up in 5 days if no improvement
SEVERE DEHYDRATION: PLAN C
• Urgent referral to hospital
• Mother to continue rehydration by giving frequent sips of ORS during transport or use NG tube when possible in patients with poor drinking
NO
CAN YOU GIVE INTRAVENOUS (IV) FLUIDS IMMEDIATELY?
NO
• Start IV fluid immediately
• Ideal fluid is Ringer lactate solution / Normal saline (DNS in malnourished)
AGE | FIRST GIVE 30 ML/KG IN | THEN GIVE 70 ML/KG IN
Infant (< 12 months) | 1 hour | 5 hours



REFERENCES

1. IMCI (WHO) module on Diarrhea 2014.
2. WHO Treatment for Diarrhea - A manual for physicians and other senior health workers 2005.
3. WHO GLOBAL TASK FORCE ON CHOLERA CONTROL 2010.

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.

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	Gastroenteritis	Recurrent vomiting with dehydration
i. At the time of Pre-authorisation		
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes	Yes
b. CBC report	Yes	Yes
c. Sr. Electrolyte report	Yes	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers	Yes	Yes
b. Post treatment Stool culture report	Yes	NA
c. Post treatment Sr. Electrolyte report	Yes	Yes
d. Detailed Discharge Summary	Yes	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:**

Mandatory document	Gastroenteritis	Recurrent vomiting with dehydration
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	Yes
b. Is the CBP report submitted?	Yes	Yes
c. Was the Sr. Electrolyte report submitted?	Yes	Yes

At the time of claim processing- For claims processing doctor (CPD):		
a. Were the Detailed Indoor case papers submitted with daily vitals and line of treatment?	Yes	Yes
b. Was post treatment stool culture report submitted?	Yes	No
c. Were post treatment Sr. Electrolyte submitted?	Yes	Yes
d. Was the detailed Discharge Summary submitted with date of the follow-up mentioned?	Yes	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**:

Diarrhoea:

1. Did the patient complain of > 3 watery stool per day? Yes

Acute gastroenteritis with dehydration / Recurrent vomiting with dehydration

1. Did the Sr. Electrolyte report suggest hyponatremic dehydration (Na <135 mmol/L)/ Hypernatremic dehydration (Na> 145 mmol/L)? Yes

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

[1] Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.