



Guidance document for processing PM-JAY packages

Diabetic ketoacidosis

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Diabetic ketoacidosis	Diabetic ketoacidosis	M100010, M200025	MG059A	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 **Diabetic ketoacidosis** 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 Diabetic ketoacidosis only if diagnosis made is backed by clinical manifestation.

Diabetes Mellitus (DM) is a group of metabolic disorders characterized by hyperglycaemia. Several distinct types are caused by complex interaction of genetic & environmental factors.



- a. Polyurea
- b. Polydipsia
- c. Polyphagia
- d. Unexplained weight loss

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	Diabetic ketoacidosis
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Blood glucose (RBS) report	Yes
c. Sr. Bicarbonate report	Yes
d. Arterial blood gas (ABG) report	Yes
e. Urine Ketone report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers and treatment given details	Yes
b. Post procedure blood glucose (fasting and PP)	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:**

Mandatory documents	Diabetic ketoacidosis
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 Sr. Bicarbonate report submitted?	Yes



c. Arterial blood gas (ABG) report submitted?	Yes
d. Is Blood glucose (fasting and PP) report	Yes
e. Is Urine Ketone report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Was the detailed Indoor case papers with all the vitals and the treatment given submitted?	Yes
b. Post procedure blood glucose (fasting and PP) report submitted?	Yes
c. Was the Blood glucose report submitted?	Yes
d. Is the Discharge summary with follow-up advise at the time of discharge?	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:**

- I. Was the Random or casual plasma glucose ≥ 200 mg/dl or fasting plasma glucose > 126 mg/dl? Yes
- II. Was the ketone level in urine > 3 ? Yes
- III. Was the serum ketone positive with 1:2 dilution? Yes
- IV. Evidence of Acidosis (ABG) available?

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

References:

1. Standard treatment guidelines, Department of Public Health and Family Welfare, Madhya Pradesh (Page 210). https://mppscl.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875_0_STG-2016.pdf
2. Management of Diabetic Ketoacidosis; <https://www.aafp.org/afp/1999/0801/p455.html>