Guidance document for processing PM-JAY packages

Acute febrile illness, Enteric fever, Pyrexia of unknown origin

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 febrile illness	Acute febrile illness	M100011	MG001A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Enteric fever	Enteric fever	M100018, M200031	MG006A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Pyrexia of unknown origin	Pyrexia of unknown origin	M100026, M200014	MG026A	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:
Desirable: MBBS; **Essential:** 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 febrile illness, Enteric fever, Pyrexia of unknown origin,** 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 Acute febrile illness only if diagnosis made is backed by clinical manifestation:

- Fever >= 38.3'C or >=101'F for more than 2 days
- Headache , Dizziness, Pain in Muscles and Joints, Weakness
- Patients presenting with AFI should be assessed for organ dysfunction at presentation and symptoms/signs suggestive of sepsis should be ruled out as management protocol will differ.

Enteric fevers:

- Enteric/typhoid fever is a common worldwide bacterial disease caused by the ingestion of contaminated food or water which contain the bacterium Salmonella enterica enterica, serovar Typhi.
- It is very common in India.
- Symptoms usually develop one to two weeks after exposure and may be mild or severe. Symptoms include high fever, malaise, headache, constipation or diarrhea, rose-colored spots on the chest, and enlarged spleen and liver. Healthy carrier state may follow acute illness.
- Usual case definitions as per National Health Mission, Govt. of India:
  o Suspected case of Typhoid (for Level 1 & 2 facility)
  o Probable case of typhoid fever (for level 2 & 3 facility)
  o Confirmed case of typhoid (for level 4 facilities)
  o Chronic carrier
- **Diagnosis:** Peripheral blood smear for MP, Blood for HB, TLC, (Leukocytosis in children), DLC, Platelet count (Thrombocytopenia).

Potentially diagnostic clues and possible etiologies

Potential diagnostic clues	Possible etiology
Unintentional weight loss	Neoplastic process, tuberculosis, brucellosis
Drenching night sweats	Hematological malignancy, tuberculosis
Joint pain (early morning)	Inflammatory arthritis
Unilateral retro-orbital headache, jaw claudication	Giant cell arteritis
History of steroid use, surgeries, prosthetic material	Occult abscesses
History of smoking	Malignancy
Prolonged immobility, oral contraceptive use	Thromboembolic disease
Recent medication change	Drug fever

Source: Beresford RW, Gosbell IB. Pyrexia of unknown origin: causes, investigation and management. Int Med J. 2016;46(9):1011-6.

Classic causes of pyrexia of unknown origin:

Infections	Neoplastic	NIIDs	Miscellaneous
1. Bacterial: Tuberculosis, nontuberculous mycobacteria, brucellosis, salmonellosis, bartonellosis, tularemia, listeriosis, Q fever, ehrlichiosis, chronic otitis media, sinusitis, mastoiditis dental abscess, culture-negative endocarditis, occult abscess, complicated UTI, pyelonephritis, obstructive uropathy, osteomyelitis mycoplasma pneumonia, whipple's disease, actinomycosis, rat-bite fever, yersiniosis 2. Spirochetal: Syphilis (venereal/endemic), yaws, pinta, leptospirosis, lyme disease, louse-borne relapsing fever 3. Rickettsial: Epidemic/murine endemic typhus, scrub typhus, rocky mountain spotted fever 4. Chlamydial: Psittacosis 5. Viral: HIV, EBV, CMV, Dengue, HBV, HCV 6. Fungal: Aspergillosis, coccidioidomycosis, blastomycosis, cryptococcosis 7. Parasitic: Malaria, visceral leishmaniasis, babesiosis, toxoplasmosis, visceral larva migrans, amebiasis, trichinosis	Lymphoma, leukemia, hepatoma, hepatocellular carcinoma or liver metastases, hypernephromas, Langerhans cell histiocytosis, Ewing sarcoma, renal cell carcinoma, Wilms' tumor, neuroblastoma, reticulum cell sarcoma, myelodysplastic syndrome, atrial myxoma	Adult-onset Still's Disease, RA, SLE, sarcoidosis, temporal arteritis (giant cell arteritis), Behcet's disease, granulomatous colitis, granulomatous hepatitis, acute rheumatic fever, periarteritis nodosa/polyarteritis nodosa, erythema nodosum, Henoch –Schönlein purpura, hyperimmunoglobulin D syndrome, Kikuchi–Fujimoto disease, Muckle –Wells syndrome, FAPA syndrome (periodic fever, cervical adenopathy, pharyngitis, andaphthous ulcers) Familial Mediterranean fever, Rosai –Dorfman disease, serum sickness, Wegener's granulomatosis, Takayasu's arteritis, pseudogout, polymyalgia rheumatica, Kawasaki disease, Inflammatory bowel disease (Crohn's disease)	Factitious fever, drug fever (antibiotics, antiepileptics, NSAIDs, anti-arrhythmic), alcoholic hepatitis, hyper-IgD syndrome, habitual hypothermia disordered heat homeostasis ("central fever"), Endocrine disease (hyperthyroidism, adrenal insufficiency, pheochromocytoma), Icthyosis, chronic hemolytic anemia, chronic salicylism, Schnitzler's syndrome, aspiration pneumonitis, Weber –Christian disease, Fabry's disease, pseudolymphomas, familial dysautonomia, Hirschsprung's disease with enterocolitis, Neimann –Pick disease, pulmonary embolus, sickle cell disease and hemoglobinopathy crisis, Blue diaper syndrome, cyclic neutropenia, cirrhosis, pulmonary embolism, DVT

(UTI: urinary tract infections; NIIDs: noninfectious inflammatory disease; RA: rheumatoid arthritis; SLE: Systemic lupus erythematosus ; HIV: human immunodeficiency virus)

Source: Wassim Abdelwahab E. Pyrexia of unknown origin: current perspectives. IJBR. 2019;10(1):e4987.

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	Acute febrile illness, Enteric fever, Pyrexia of unknown origin.
i. At the time of Pre-authorization	
a. Clinical notes with detailing history	Yes
b. CBC, ESR, Peripheral smear, LFT report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers, Treatment details	Yes
b. Post treatment CBC, ESR, Peripheral smear, LFT reports	Yes
c. Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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. Did the patient suffer from fever >= 38.3'C or >=101'F for more than 2 days? Yes

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

References:

1. Patro, Shubhransu. "Approach to a Case of Pyrexia of Unknown Origin: What's New in 2020."
2. Kamal Kant , AIIMS Guidance On Management Of Acute Febrile Illness By Published On 2 Dec 2019,https://speciality.medicaldialogues.in/aiims-guidance-on-management-of-acute-febrile-illness
3. Singhi, Sunit, et al. "Tropical fevers: Management guidelines." Indian Journal of Critical Care Medicine: Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine 18.2 (2014): 62.
4. Joshi, Rajneesh, and S. P. Kalantri. "Acute undifferentiated fever: management algorithm." Update on Tropical Fever (2015): 1-14.
5. https://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/stg/enteric-fever.pdf