



Guidance document for processing PM-JAY packages

Guillain-Barre Syndrome

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Guillain-Barre Syndrome	Guillain-Barre Syndrome	M100032, M100061, M200082	MG069A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (days): 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:

Disclaimer:

For monitoring and administering the claim management process of **Guillain-Barre Syndrome** 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 Guillain Barre Syndrome only if diagnosis made is backed by clinical manifestation.

GBS is an acute frequently severe fulminant polyradiculoneuropathy, usually presenting as ascending



- a. Progressive motor weakness of more than one limb and partial or total areflexia
- b. Involvement of ventilatory muscles – respiratory distress / shallow respiration, weak voice, inability to cough effectively and decreased inability to count in single breath.
- c. Progression of symptoms upto 4 weeks, relative symmetry, mild sensory sign or symptoms, facial nerve (50%) or other cranial nerve involvement, transient or absent bladder involvement, recovery 2-4 weeks after nadir, autonomous dysfunction and absence of fever at the onset.

Plasmapheresis for a total of 4-5 exchanges over 7-10 days.

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	Guillain-Barre Syndrome
i. At the time of Pre-authorization	
Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
Cerebrospinal Fluid (CSF) analysis and Nerve Conduction study (NCS) report	Yes
ii. At the time of claim submission	
Indoor case papers with treatment given details	Yes
Electrophysiological examination reports	Yes
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	Guillain-Barre Syndrome
Pre-auth processing Doctor (PPD)	
Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes



Detailed Cerebrospinal Fluid (CSF) analysis and Nerve Conduction study (NCS) report submitted?	Yes
Claims Processing Doctor (CPD)	
Are the detailed Indoor Case Papers with daily vitals and line of treatment?	Yes
Was the Electrophysiological examination report submitted?	Yes
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. Did the CSF report suggest elevated protein? Yes
- II. Does the Electrophysiological evidence show demyelination - prolonged F-wave, distal latencies, decreased conduction velocities, conduction block? Yes

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 191, 192) . https://mpphsc.in/Files/PDF/79e16f1b-ac2d-4fc3-a103-7e322c245875_0_STG-2016.pdf