Guidance document for processing PM-JAY packages

Gout

Procedures covered: 1 **Specialty: General Medicine**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Gout	Gout	New Package	MG054A	General Ward - 1,800

ALOS (days): 2-3 days
Minimum qualification of the treating doctor:
Essential: MBBS
Desirable: MD/ DNB/equivalent in General Medicine; DM in Rheumatology

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Gout** 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.

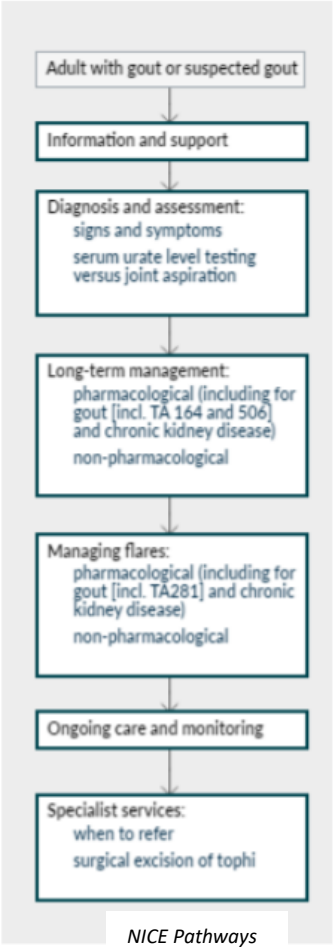
1.2 Clinical key pointers:

Proceed with management of **Gout** only if diagnosis made is backed by clinical signs:

- Recurring gout affecting several joints (called polyarticular gout) or chronic deforming arthritis.
- Urate deposition occurs when serum uric acid is supersaturated (ie, at levels greater than 6.8 mg/dL [404.5 mcmol/L]).
- If more than 1 attack in last 12 months and Fever is common and may reach 39°C.

- If clinical attack of gout and tophi/ inflamed tophi
- It may develop without apparent precipitating cause or may follow rapid increases or decreases in serum urate levels.
- The MTP joint of the great toe is the most susceptible joint ("podagra")
- Exclude other causes of inflammation, such as sepsis within the joint, especially if gout has not been previously diagnosed, calcium pyrophosphate crystal deposition, including pseudogout**,** Rheumatoid Arthritis
- Patients with gout typically have hypertension and impaired renal function

Case management of GOUT



NICE Pathways

ESSENTIALS OF DIAGNOSIS

- Acute, monarticular arthritis, often of the first MTP joint; recurrence is common.
- Polyarticular involvement more common in patients with longstanding disease.
- Identification of urate crystals in joint fluid or tophi is diagnostic.
- Dramatic therapeutic response to NSAIDs.
- With chronicity, urate deposits in subcutaneous tissue, bone, cartilage, joints, and other tissues.

Laboratory Findings

- Raised serum uric acid levels.
- Identification of negatively birefringent sodium urate crystals in joint fluid or material aspirated from a tophus

Medication for treatment of Acute Gout

Medication	*Example regimen*	*Notes*
NSAIDs	Indomethacin (Indocin), 50 mg three times per day	First-line therapy; all NSAIDs are equally effective; adverse effects include gastric bleeding and kidney injury
Colchicine (Colcrys)	1.2 mg initially, then 0.6 mg one hour later, then 0.6 to 1.2 mg per day	No analgesic properties; gastrointestinal adverse effects are common; avoid use in patients with renal and hepatic insufficiency; contraindicated in patients receiving clarithromycin (Biaxin)
Corticosteroids	Oral, intramuscular, or intra-articular routes, variable dosing (e.g., prednisone, 40 mg for four days, then 20 mg for four days, then 10 mg for four days)	Preferred therapy for patients in whom NSAIDs and colchicine are contraindicated; when discontinuing oral corticosteroids, taper to avoid rebound flares

NSAIDs = nonsteroidal anti-inflammatory drugs.

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	Gout
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Serum Uric acid levels	Yes
c. C-reactive protein level	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers along with indications	Yes
b. Detailed procedure notes	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	**Gout**
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Clinical notes with planned line of treatment	Yes
b. Serum Uric acid levels	Yes
c. C-reactive protein level	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Was Detailed indoor case papers along with indications and Treatment details submitted?	Yes
b. Was the Detailed procedure notes submitted?	Yes
c. Was the Detailed Discharge Summary submitted?	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**:

1. Urate deposition levels greater than 6.8 mg/dL [404.5 mcmol/L])? Yes
2. Were Septic Arthritis, pseudogout**,** Rheumatoid Arthritis, hypertension, and impaired renal function causes been ruled out? Yes

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

References:

1. https://www.aafp.org/afp/2014/1215/hi-res/afp20141215p831-t4.gif
2. Current medical diagnosis and treatment 2019
3. NICE Guidelines-UK