Guidance document for processing PM-JAY packages

Liver Abscess

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Liver abscess	Liver Abscess	M100021, M200073	MG014A	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:** DNB / MD (General Medicine / Pediatric Medicine/Radio diagnosis); MS General surgery.

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Liver Abscess**, 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:

Liver abscess (LA) is an uncommon but potentially life-threatening disease with significant morbidity and mortality. The majority of these abscesses are categorized into pyogenic or

amoebic, although a minority is caused by parasites and fungi. Most amoebic infections are caused by Entamoeba histolytica. The pyogenic abscesses are usually polymicrobial, but some organisms are seen more commonly in them, such as E.coli, Klebsiella, Streptococcus, Staphylococcus, and anaerobes.

Clinical Features

Clinical presentations of patients with LA are not typical, and patients may present with vague constitutional symptoms. Most common are fever and chills, followed by abdominal pain restricted to the right upper quadrant, and hepatic tenderness. Fever is a predominant symptom and has been reported in 90-95% of the cases. A broad spectrum of non-specific symptoms like diarrhea, jaundice, right pleural effusion, anorexia, nausea, and vomiting may also occur.

Diagnosis

Anemia, leukocytosis, high erythrocyte sedimentation rate, elevated C-reactive protein level, hypoalbuminemia, and hyperbilirubinemia, as well as elevated alanine aminotransferase (ALAT) and alkaline phosphatase (AP) levels are the most common laboratory findings.

Ultrasound (US) and computed tomography (CT) are the two main diagnostic methods with a sensitivity of 96-100% .

Diagnosis of LA is mainly based on imaging studies, paired with microbiological findings.

The diagnosis of amebic LA relies on liver imaging and positive amebic serology. Diagnostic fluid aspiration from the lesion is therefore not necessary.

Management

When the diagnosis of Pyogenic liver abscess is suspected, there is a need to start broad-spectrum antibiotics immediately after collection of microbiological specimen (obtained from abscess puncture and blood cultures) to control ongoing bacteremia and its associated complications.

Due to the excellent response to metronidazole, the management of amebic Liver abscess is unique. Abscesses occupying large areas of the liver can be cured without drainage, even by one dose of metronidazole . Most patients show a response to treatment (reduced fever and abdominal pain) within 72-96 hr.

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	Liver Abscess
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes

b. Liver Function Test	Yes
c. Pretreatment USG Abdomen	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers with treatment/aspiration details	Yes
b. Post treatment USG Abdomen report	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**:

I. Was the clinical notes and USG Abdomen report indicative of liver abscess? Yes

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

References

1. Lübbert C, Wiegand J, Karlas T. Therapy of Liver Abscesses. Viszeralmedizin. 2014;30(5):334-341.
2. Rahimian J, Wilson T, Oram V, Holzman RS. Pyogenic liver abscess: recent trends in etiology and mortality. Clin Infect Dis. 2004;39:1654–1659.
3. Romano G, Agrusa A, Frazzetta G, et al. Laporoscopic drainage of liver abscess: case report and review of the literature. G Chir. 2013;34:180–182.
4. Wong WM, Wong BC, Hui CK, et al. Pyogenic liver abscess: retrospective analysis of 80 cases over a 10-year study period. J Gastroenterol Hepatol. 2002;17:1001–1007.
5. Siu LK, Yeh KM, Lin JC, et al. Klebsiella pneumoniae liver abscess: a new invasive syndrome. Lancet Infect Dis. 2012;12:881–887