



Guidance document for processing PM-JAY packages

Myxedema coma

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Myxedema coma	Myxedema coma	New Package	MG052A	1,800

ALOS: NA

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: DNB / MD equivalent in (General Medicine / Pediatric Medicine), DM Endocrinology & Metabolism

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Myxedema coma** 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 Myxedema coma only if diagnosis made is backed by clinical manifestation:



Myxedema coma is defined as severe hypothyroidism leading to decreased mental status, hypothermia, and other symptoms related to slowing of function in multiple organs. Myxedema also refers to the swelling of the skin and soft tissue that occurs in patients who are hypothyroid.

Common symptoms:

- Myxedematous face
- Generalized puffiness
- Macroglossia
- Ptosis
- Periorbital edema
- Nonpitting edema of the lower extremities is sometimes present

Factors known to Precipitate Myxedema Coma:

Burns
Carbon dioxide retention
Gastrointestinal hemorrhage
Hypoglycemia
Hypothermia
Infection
Pneumonia
Influenza
Urinary tract infection/urosepsis
Sepsis
Medications
Amiodarone (Cordarone)
Anesthesia
Barbiturates
Beta blockers
Diuretics
Lithium
Narcotics
Phenothiazines
Phenytoin (Dilantin)

Rifampin (Rifadin, Rimactane)
Tranquilizers
Stroke
Surgery
Trauma

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	Myxedema coma
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Thyroid stimulating hormone (TSH), Free Triiodothyronine (FT3) and Free Thyroxine (FT4) level reports	Yes
c. Sr. Electrolyte report	Yes
d. USG thyroid gland report	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers with treatment given details	Yes
b. Post treatment FTSH, FT3 and FT4 level	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	Myxedema coma
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes
b. Was the TSH, FT3, FT4 report submitted?	Yes
c. Was the USG thyroid report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Was Detailed Indoor Case Papers with vital (BP and Pulse) and Treatment details submitted?	Yes
b. Was the post treatment TSH, FT3, FT4 report submitted?	Yes
c. Was the Detailed Discharge Summary submitted with the date of the follow-up mentioned?	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:**

Myxedema coma:

- I. Was the thyroid report suggestive of hypothyroidism? Yes

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

Reference

1. Myxedema Coma: Diagnosis and Treatment, <https://www.aafp.org/afp/2000/1201/p2485.html>