Guidance document for processing PM-JAY packages

Acute Abdomen

Procedures covered: 1 **Specialty:** Pediatric Medical Management

Package Name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price
Acute Abdomen	Acute Abdomen	M200072	MP021A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

ALOS: 5 days

Minimum qualification of the treating doctor:
Essential: MBBS
Desirable: MD/DNB/DCH/Equivalent (Pediatric), DM/DNB/Equivalent (Gastroenterology), Surgical referral if required

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:
For monitoring and administering the claim management process for **Acute Abdomen** 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 CLINICAL 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:

Abdominal pain is a common problem in children. Although most children with acute abdominal pain have self-limited conditions, the pain may lead to surgical or medical emergency. Clinically, abdominal pain falls into 3 categories: Visceral Pain, Parietal Pain, Referred Pain.

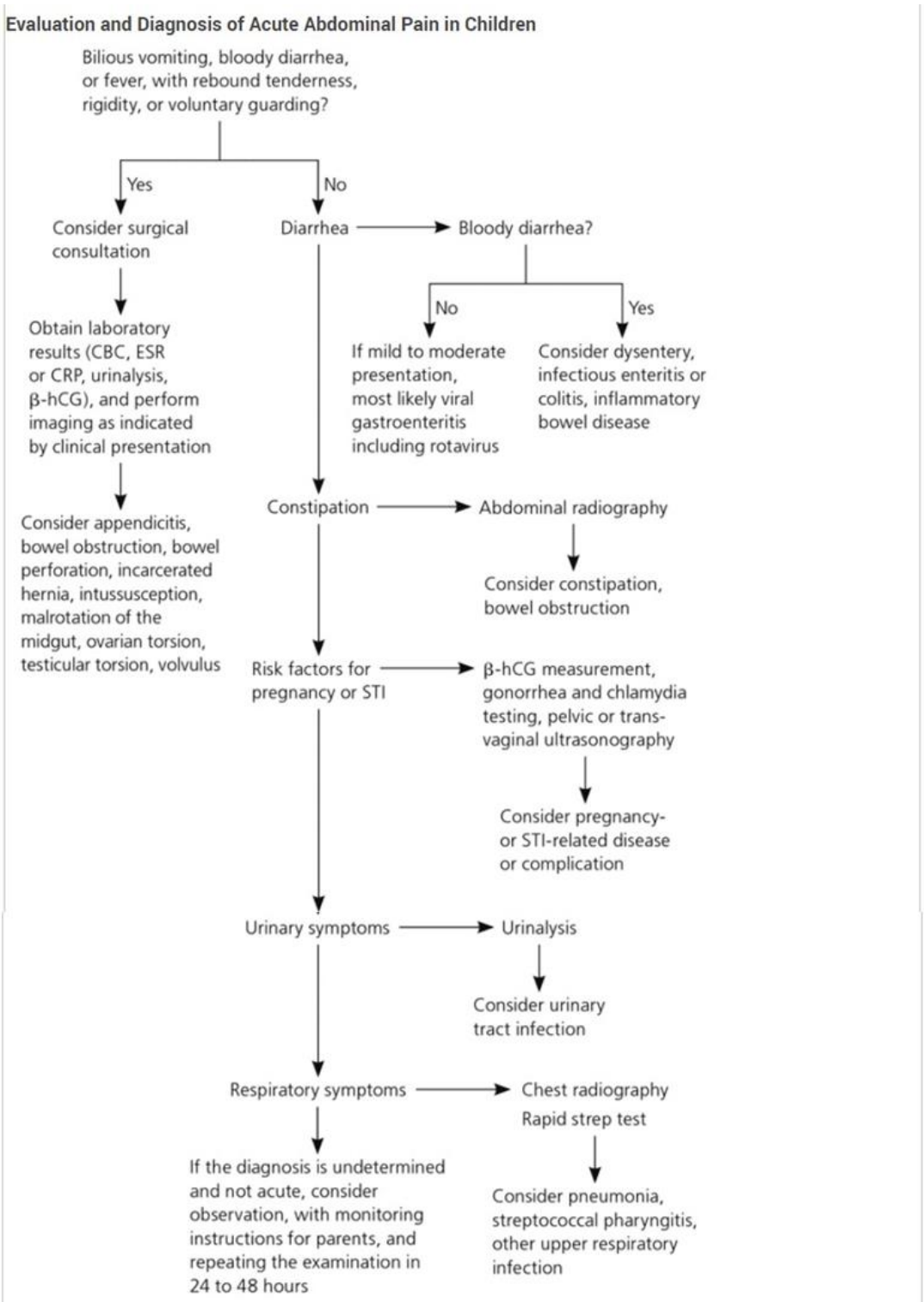

Figure 1.

Algorithm for the evaluation and diagnosis of acute abdominal pain in children. (β-hCG = beta human chorionic gonadotropin; CBC = complete blood count; CRP = C-reactive protein; ESR = erythrocyte sedimentation rate; STI = sexually transmitted infection.)

Reust CE, Williams A. Acute Abdominal Pain in Children. Am Fam Physician. 2016 May 15;93(10):830-6. PMID: 27175718.

Causes:

Many causes of Abdomen pain in children such as:

- Constipation
- Abdominal Trauma
- Food poisoning, Inflammatory bowel disease.
- Intestinal obstruction
- Infantile colic
- Pancreatitis
- Appendicitis

Common presentation:

- Vomiting
- Temperature
- Bloating
- Diarrhea
- Dysentery
- Abdominal pain

Investigation:

- CT scan
- USG Abdomen
- Contrast enema
- Complete blood count
- Blood culture
- Stool culture

Management:

- Supportive therapy
- IV/oral antibiotics
- Spasmolytics
- Surgical intervention

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 Abdomen
i. At the time of Pre-authorization	
Clinical notes including history, evaluation findings, vital monitoring, and planned line of management	Yes
USG Abdomen / CT / Contrast X-rays	Yes
Sepsis screening report such as complete blood count, C-reactive protein	Yes
Blood culture / Stool culture	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs) (including any cross-specialty referral that has been done)	Yes
Investigation reports (if required)	Yes
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:**

2.2.1 **At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)**:

a. Clinical notes - detailed history, signs & symptoms, vital monitoring, planned treatment line, and advice for admission?
b. Did the imaging ± investigations confirm the diagnosis?

2.2.2 **At the time of claim processing- For claims processing doctor (CPD):**

a. Are the detailed ICPs (including any cross-specialty referral that has been done) with daily vitals and treatment details submitted?
b. Is the Discharge summary with follow-up advice at the time of discharge?

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**:

Acute Abdomen:

I. Did the patient complaint of abdominal pain, distention, bloating, constipation, vomiting, diarrhea, dysentery? Yes
II. Did clinical presentation, imaging ± investigations confirm the diagnosis? Yes

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

References

1. Keigman, ST Geme, Shah, Tasker, Blum. Nelson`s Textbook of Pediatric. Elsevier. 21st Edition
2. Kim JS. Acute abdominal pain in children. *Pediatr Gastroenterol Hepatol Nutr*. 2013;16(4):219-224. doi:10.5223/pghn.2013.16.4.219
3. Reust CE, Williams A. Acute Abdominal Pain in Children. Am Fam Physician. 2016 May 15;93(10):830-6. PMID: 27175718.
4. Hijaz NM, Friesen CA. Managing acute abdominal pain in pediatric patients: current perspectives. *Pediatric Health Med Ther*. 2017;8:83-91. Published 2017 Jun 29. doi:10.2147/PHMT.S120156