



Guidance document for processing PM-JAY packages

Pancreatitis

Package covered: 2

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)
Pancreatitis	Acute pancreatitis	M100037	MG033A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
Pancreatitis	Chronic pancreatitis	M100037	MG033B	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (days): 5 Days

Minimum qualification of the treating/operating doctor:

Essential: MBBS; **Desirable:** MD / DNB (General Medicine / Pediatric Medicine)

Special empanelment criteria/linkages to empanelment module- None

Disclaimer:

For monitoring and administering the claim management process of **Acute pancreatitis, Chronic pancreatitis** 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 National center for disease control guidelines on Leptospirosis is also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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.

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 Medical Management of Pancreatitis only if diagnosis made is backed by clinical manifestation

Acute pancreatitis is an important cause of acute upper abdominal pain associated with vomiting.

- Pain in the upper abdomen that spreads into the back
- Nausea and Vomiting
- Diarrhoea
- Shortness of breath
- Unexplained Weight loss
- Excessive thirst and fatigue

The common causes include gall bladder stone disease, alcoholism and idiopathic where no obvious cause is discernible.

Diagnosis: Diagnosis of acute pancreatitis is based on the presentation with severe acute upper and abdominal pain and a three to four fold increase in the level of serum amylase within 48 hours of onset of pain.

Further investigations need to be done to document severity of acute pancreatitis. These include CBC, BUN & serum creatinine, blood gas analysis, C-reactive protein. Chest X-ray PA and ultrasound to demonstrate pleural effusion.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory document	Pancreatitis
At the time of Preauthorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Serum Amylase, Lipase, LFT, CBC reports	Yes
c. USG Abdomen report/CT Abdomen (Contrast)	Yes
At the time of Claims	
a. Detailed Indoor case paper (ICPs)	Yes
b. Post treatment Plain X ray erect Abdomen/USG/CT abdomen	Yes
c. Serum Amylase, Lipase, LFT, CBC	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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-authorisation processing doctor (PPD)

- a. Are all the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?
- b. Are the reports related Serum Amylase, Lipase, LFT, CBC test submitted?
- c. Is the USG Abdomen report/CT Abdomen (Contrast) report submitted?

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

- a. Is the detailed Indoor case papers with daily vitals and line of treatment submitted?
- b. Are the post treatment Plain X ray erect Abdomen/USG/CT abdomen report submitted?
- c. Are the reports related Serum Amylase, Lipase, LFT, CBC test submitted?
- d. Is the discharge summary submitted with follow-up advise 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 in cases of Pancreatitis:

- a. Does the report suggest raised plasma concentration of amylase and lipase?
Yes

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

References:

1. Standard treatment guidelines Gastrointestinal surgery, Ministry of Health and Family welfare, Govt. of India.