



Guidance document for processing PM-JAY packages

Anaphylaxis

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)
Anaphylaxis	Anaphylaxis	New Package	MG066A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: MD / DNB General medicine, MD / DNB Pediatric Medicine/Emergency Medicine

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

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

- Any acute onset illness with typical skin features (urticarial rash or erythema/flushing, and/or angioedema), involvement of respiratory and/or cardiovascular and/or persistent severe gastrointestinal symptoms; or
- Any acute onset of hypotension or bronchospasm or upper airway obstruction where anaphylaxis is considered possible, even if typical skin features are not present.

Mild or moderate reactions:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain,
- Vomiting

Respiratory/chest features (most common in children):

- Anxiety, Angioedema
- Breathing difficulty
- Hypotension (Low BP)
- Sever/life threatening anaphylaxis
- Diarrhoea
- Abdominal cramps
- Nausea / Vomiting
- Sneezing or Rhinorrhea

Sever anaphylaxis:

- Cardiorespiratory, Breathing difficulty wheezing, Hemodynamic instability, compromise hypotension, cardiovascular collapse.

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	Anaphylaxis
i. At the time of Pre-authorization	
a. Clinical Notes including history (Drug Hx, IV, Sub cutaneous TM, Oral), physical examination, evaluation findings, indications for the procedure, and planned line of treatment	Yes



b. Complete Blood Count (CBC)/ allergen-specific immunoglobulin E (IgE) report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Post treatment CBC report	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	Anaphylaxis
i. Pre-auth processing Doctor (PPD)	
a. Were the Clinical Notes including history (Drug Hx, IV, Sub cutaneous TM, Oral), physical examination, evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes
b. Was the Complete Blood Count (CBC)/ allergen-specific immunoglobulin E (IgE) report submitted?	Yes
ii. Claims processing Doctor (CPD)	
a. Was the detailed Indoor case papers with all the daily vital and treatment details submitted?	Yes
b. Was the post treatment CBC report submitted?	Yes
c. Was the detailed discharge summary with the follow up date 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. Are the clinical notes and Laboratory diagnostic reports are indicative of the procedure? Yes



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

Reference

1. https://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/
2. https://nhm.gov.in/New_Updates_2018/NHM_Components/Immunization/Guidelines_for_immunization/Initial_Management_of_Anaphylaxis_using_Inj_Adrenaline_by_ANM_Operational_Guidelines.pdf
3. <https://www.allergy.org.au/hp/papers/acute-management-of-anaphylaxis-guidelines>