



Guidance document for processing PM-JAY packages

Lung Abscess

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Lung Abscess	Lung abscess	M100033	MG019A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (in Days): 5 Days

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: MD/DNB/ equivalent (in General Medicine / Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Lung 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: is defined as necrosis of the pulmonary tissue and formation of cavities containing necrotic debris or fluid caused by microbial infection.

- A patient with an ongoing pneumonia of 2 to 3 weeks duration
- History of pneumonia in recent past with respiratory symptoms
- Cough, sputum that may be putrid and foul smelling



- d. Haemoptysis
- e. Pleuritic chest pain or heaviness in the chest
- f. Fever
- g. Night sweats
- h. Anorexia
- i. Weight loss and digital clubbing

Indications:

- a. as a complication of aspiration pneumonia caused by mouth anaerobes.
- b. Bacterial infections
- c. Patients with Periodontal disease, Seizure disorder, Alcohol abuse, Dysphagia

1.4 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	Lung Abscess
i. At the time of Pre-authorisation	
a. Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, advise for daycare procedure	Yes
b. Chest X Ray and CT scan Chest (as applicable)	Yes
c. Sputum microscopy/ culture + sensitivity report	Yes
d. CBC, Blood Sugar (Fasting, PP and Random)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Post treatment Chest X ray submitted?	Yes
c. Post treatment CBC, Blood Sugar (Fasting, PP and Random) reports	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. Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, advise for daycare procedure submitted?
- b. Are Sputum microscopy/ culture + sensitivity report available?
- c. Is the Chest X ray and CT scan Chest (as applicable) submitted?
- d. Are the investigation reports CBC, Blood sugar submitted?

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

- a. Are the detailed indoor case papers with daily vitals and treatment details available?
- b. Was the Post treatment Chest X ray report submitted?
- c. Are the CBC, Blood Sugar (Fasting, PP and Random) reports submitted?
- d. Is the Discharge summary 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:**

- i. Is there Localized collection of pus in the lungs in one or more cavities on chest X ray report show presence of Abscess? Yes
- ii. Are the Sputum smear and culture reports available? Yes

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

References:

1. <https://emedicine.medscape.com/article/299425-overview>