



## Guidance document for processing PM-JAY packages

### Thyrotoxic crisis

**Procedures covered:** 1

**Specialty:** General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Thyrotoxic crisis	Thyrotoxic crisis	New Package	MG053A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

**ALOS (in days):** 3-5 Days

**Minimum qualification of the treating doctor:** MBBS

**Desirable:** DNB / MD / or Equivalent (in General Medicine / Pediatric Medicine)

**Special empanelment criteria/linkage to empanelment module:** None

#### **Disclaimer:**

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



Thyrotoxicosis is an endocrine emergency which is characterized by multiple organ failure due to severe thyrotoxicosis, often associated with triggering illnesses.

Prerequisite for diagnosis		
Presence of thyrotoxicosis with elevated levels of free triiodothyronine (FT3) or free thyroxine (FT4)		
Symptoms		
1. Central nervous system (CNS) manifestations: Restlessness, delirium, mental aberration/psychosis, somnolence/lethargy, coma ( $\geq 1$ on the Japan Coma Scale or $\leq 14$ on the Glasgow Coma Scale)		
2. Fever : $\geq 38^{\circ}\text{C}$		
3. Tachycardia : $\geq 130$ beats per minute or heart rate $\geq 130$ in atrial fibrillation		
4. Congestive heart failure (CHF) : Pulmonary edema, moist rales over more than half of the lung field, cardiogenic shock, or Class IV by the New York Heart Association or $\geq$ Class III in the Killip classification		
5. Gastrointestinal (GI)/hepatic manifestations : nausea , vomiting, diarrhea, or a total bilirubin level $\geq 3.0$ mg/dL.		
Diagnosis		
Grade of TS	Combinations of features	Requirements for diagnosis
TS1	First combination	Thyrotoxicosis and at least one CNS manifestation and fever, tachycardia, CHF, or GI/hepatic manifestations
TS1	Alternate combination	Thyrotoxicosis and at least three combinations of fever, tachycardia, CHF, or GI/hepatic manifestations
TS2	First combination	Thyrotoxicosis and a combination of two of the following: fever, tachycardia, CHF, or GI/hepatic manifestations
TS2	Alternate combination	Patients who met the diagnosis of TS1 except that serum FT3 or FT4 level are not available

*\*Japan Thyroid Association diagnostic criteria for thyroid storm*

Common symptoms include:

- Restlessness
- Delirium
- Mental aberration / psychosis
- Lethargy
- Coma
- Fever  $> 38^{\circ}\text{C}$
- Tachycardiac

### 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	Thyrotoxicosis
<b>i. At the time of Pre-authorization</b>	
a. Clinical Notes including evaluation findings, indications for the procedure, advise for admission and planned line of treatment	Yes
b. Thyroid stimulating hormone, Free triiodothyronine (FT3), Free Thyroxine (FT4)	Yes
c. Thyroid Ultrasound scan	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers with treatment details	Yes
b. Radionuclide Iodine uptake study report	Yes
c. Post treatment Thyroid stimulating hormone, Free triiodothyronine (FT3), Free Thyroxine (FT4)	Yes
d. 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	Thyrotoxicosis
<b>At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)</b>	
a. Was the Clinical Notes including evaluation findings, indications for the procedure, advise for admission and planned line of treatment submitted?	Yes
b. Was the FT3, FT4, TSH report submitted?	Yes
c. Was the Thyroid ultrasound scan submitted?	Yes
<b>At the time of claim processing- For claims processing doctor (CPD)</b>	
a. Was the detailed Indoor Case Papers with detailed line of treatment submitted?	Yes
b. Was the Radionuclide Iodine uptake study report submitted	Yes
c. Was the post treatment TSH, FT3, FT4 report submitted?	Yes
d. Was the detailed discharge summary 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. Was the report of FT3, FT4, TSH show raised thyroid level? Yes

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

#### **References:**

1. 2016 Guidelines for the management of thyroid storm from The Japan Thyroid Association and Japan Endocrine Society ( <https://www.europeanreview.org/wp/wp-content/uploads/158.pdf> )
2. Thyroid Storm Guidelines , <https://emedicine.medscape.com/article/925147-guidelines>
3. 2018 European Thyroid Association Guideline for the Management of Graves' Hyperthyroidism, European Thyroid Journal, <https://www.karger.com/article/fulltext/490384>