Guidance document for processing PM-JAY packages

Chronic Hepatitis

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Chronic Hepatitis	Chronic Hepatitis	New Package	MG013A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 5-7 Days
Minimum qualification of the treating doctor:
Essential: DNB / MD (General Medicine / Pediatric Medicine)/DM/DNB (Gastroenterology & Hepatology) ; DM/DNB equivalent in Hepatology.
Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Chronic Hepatitis**, 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:

Chronic hepatitis is not a single disease, but rather a clinical and pathological syndrome, which has several causes and is characterized by varying degrees of hepatocellular necrosis and inflammation. The necroin- flammatory lesions are represented by focal areas of parenchymal

necrosis and dropout, larger lobular areas of confluent necrosis with or without bridging and periportal or periseptal piecemeal necrosis. The inflam- matory cells are predominantly lymphocytic. For lack of a better definition of chronicity, chronic hepatitis is still defined as continuing disease without improvement for at least six months (8). However, it must be stressed that in many cases (especially in autoimmune hepatitis) the diagnosis can be made and therapy begun before such a time point.

Causes of Chronic Hepatitis include:

- HBV, Chronic alcoholic liver diseases, Non alcoholic fatty liver disease (NFLD), Obesity and T2DM.
- Hepatitis C virus (HCV)
- Hepatitis virus (HEV)
- Autoimmune hepatitis.
- Drugs or toxins induced, very rarely HAV

Clinical Features

The symptoms of chronic viral hepatitis are typically mild, somewhat nonspecific and often overlooked. This is particularly true of chronic viral hepatitis, which can occur and progress to cirrhosis completely without symptoms or signs of liver disease. The hallmark and most common symptom of chronic hepatitis is malaise or fatigue. It is usually intermittent, somewhat unpredictable and worse at the end of the day; only rarely is it disabling. Less common symptoms are nausea, abdominal pain and muscle or joint aches. Other typical symptoms of liver disease such as jaundice, dark urine, itching, poor appetite and weight loss are rare except in autoimmune hepatitis (which can have an acute hepatitis-like presentation), during severe exacerbations of chronic viral hepatitis or when cirrhosis is present.

Diagnosis

Baseline evaluation in a patient suspected to have viral hepatitis can start with a urinalysis to check for the presence of bilirubin. Clinicians ,must also do liver function tests. Patients who have a severe disease can have elevated total bilirubin levels. Typically, levels of alkaline phosphatase (ALP) remain in the reference range, but if it is elevated significantly, the clinician should consider biliary obstruction or liver abscess. In advanced liver disease, prothrombin time (PT) and international normalized ratio (INR) may appear prolonged. Patients may also have leukopenia and thrombocytopenia. Patients who suffer from easy bruising, variceal bleed, or hemorrhoidal bleed due to advanced liver disease may have anemia with low hemoglobin and hematocrit levels. Blood urea nitrogen (BUN) and serum creatinine levels are also necessary for patients suspected to have advanced liver disease to look for renal impairment. Patients who present with altered mental status should have serum ammonia levels checked and are usually elevated in the presence of hepatic encephalopathy. This also includes Fatty liver or NASH(Non alcoholic steatosis hepatitis).

Apart from these routine laboratory tests, other tests are available to evaluate the cause of chronic hepatitis such as viral marker.

Treatment

a. Treatment of chronic hepatitis focuses on treating the cause and managing the complications, such as ascites and hepatic encephalopathy in people with cirrhosis.
b. If a drug is the cause, the drug is stopped. If another disorder is the cause, it is treated.
c. If chronic hepatitis B is worsening or if liver enzyme levels are high, people are usually given antiviral drugs.
d. In some people, hepatitis B tends to recur once drug treatment is stopped and may be even more severe. Thus, these people may need to take an antiviral drug indefinitely.
e. With chronic hepatitis C, treatment with antiviral drugs is recommended for all unless their life expectancy is very short. Treatment can last from 8 to 24 weeks. Treating hepatitis C can eliminate the virus from the body and thus stop inflammation and prevent scarring and progression to cirrhosis.
f. Treatment of nonalcoholic steatohepatitis focuses on managing the conditions that contribute to it. For example, treatment may include
    - Losing weight
    - Eating a healthy diet (which can help control weight, diabetes, and possibly lipid levels)
    - Taking drugs to treat diabetess
    - Taking drugs to lower lipid levelss
    - Not taking drugs that can contribute to the disorder (such as tamoxifen, corticosteroids, and synthetic estrogens)
    - Avoiding toxins, such as pesticides

Treatment of complications

Regardless of the cause or type of chronic hepatitis, cirrhosis, liver failure, and their complications require treatment.

Treating ascites involves restricting salt consumption and taking a diuretic.

Treating hepatic encephalopathyy involves taking drugs to help the body eliminate ammonia that can cause the brain function to deteriorate.

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	Chronic Hepatitis
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Liver Function test, Alpha fetoprotein, CBC, Viral hepatitis markers report	Yes

c. USG- Abdomen /Dual phase CT Liver/ Upper GI endoscopy/Fibro scan for assessing hepatic fibrosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor clinical papers along with treatment given details.	Yes
b. Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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 clinical notes/ liver function test report suggestive of hepatitis? Yes

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

References

1. Desmet VJ, Gerber M, Hoofnagle JH, Manns M, Scheuer PJ. Classification of chronic hepatitis: diagnosis, grading and staging. Hepatology. 1994;19(6):1513-1520.
2. Mehta P, Reddivari AKR. Hepatitis. [Updated 2020 May 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-