Guidance document for processing PM-JAY package

Treatment of COVID-19 infection

Procedure covered/ procedure count: 1

Specialty: Infectious Diseases

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package amount (in INR)
Treatment of COVID-19 Infection	Treatment of COVID-19 Infection	ID003A	ID003A	Per day bed category price for General ward/ HDU/ ICU (without ventilator)/ ICU (with ventilator) + as per State government decision

ALOS: 10-15 days (According to severity of disease)

Minimum qualification of the treating doctor:
Essential: MBBS; **Desirable:** MD/ DNB/ equivalent in Medicine/ Pulmonology/ Diploma in Tuberculosis and Chest Disease (DTCD)

Special empanelment criteria /link to empanelment module- ICMR/Government approved treatment facility requirement, Oximeter, and other requirements.

Disclaimer:

MoH&FW has issued guidelines on **Clinical Management Protocol: COVID-19** for **COVID-19** Disease to be followed in country. For monitoring and administering the claim management process of **Treatment of COVID-19 infection**, 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 the current MoH&FW guidelines available at mohfw.gov.in for better understanding of the SHA teams, Insurance companies and TPAs, so that they have the insight on how the claims will be processed. However, this PMJAY guidance document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to the MoH&FW guidelines and 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:

COVID Management Protocol: COVID-19, Government of India, MoH&FW, Version 5, 03.07.2020,
https://www.mohfw.gov.in/pdf/UpdatedClinicalManagementProtocolforCOVID19dated0307020 20.pdf

1. **Suspect case-**

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset; OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

2. Probable case-

A. A suspect case for whom testing for the COVID-19 virus is inconclusive. OR

B. A suspect case for whom testing could not be performed for any reason.

Confirmed case-

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and

symptoms.

- **Signs & symptoms of COVID-19 infection:** These may be fever, cough, fatigue, shortness of breath, expectoration, Myalgia, Rhinorrhea, sore throat, diarrhea. mild, moderate or severe illness (*see table below*). Severe illness may present with severe pneumonia, Acute Respiratory Distress Syndrome (ARDS), sepsis and septic shock; Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms. Children may not have fever or cough as frequently as adults.

- **Risk factors for severe disease:**
    o Age more than 60 years (increasing with age)
    o Underlying non-communicable diseases (NCDs): diabetes, hypertension, cardiac disease, chronic lung disease, cerebro-vascular disease, chronic kidney disease, immune-suppression and cancer

- **Suggestive Admission criteria** (Proceed for admission for management of COVID-19 infection only if indicated):

  1. Patients with Mild clinical severity (i.e. normal oxygen saturation)- to be managed preferably at Home or as per Extnt. Guidelines of MOHFW.

  2. Patients with Moderate clinical severity (Adolescent/ adult/ child with presence of clinical features of dyspnea and or hypoxia, fever, cough, including SpO2 <94% range (90-94%) on room air, respiratory rate >/= 24 per minute

  3. Patients with Severe clinical severity (Severe Pneumonia, Acute Respiratory Distress Syndrome (ARDS), Sepsis, Septic shock)

- **Suggestive Discharge criteria:** As per the as per the extant. MOHFW Guidelines.

1.3 Standard Treatment Workflow (mohfw.gov.in)

- As per the extant. MOHFW Guidelines

1.4 Mandatory documents- For healthcare providers

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

  i. **At the time of pre-authorization-**
  - a. Clinical notes including history, signs & symptoms
  - b. Laboratory Investigation reports (Real time or Conventional RT-PCR test) of-
    - i. Upper respiratory tract samples- Throat and Nasal swab/ Nasopharyngeal swab & Oropharyngeal swab
    - ii. Lower respiratory tract samples- Bronchoalveolar lavage/ tracheal aspirate/ sputum (when readily available for example in mechanically ventilated patients)
  - c. Depending on local epidemiology and clinical symptoms, test for other potential etiologies (e.g. Influenza, other respiratory viruses, malaria, dengue fever, typhoid fever) as appropriate.
  - d. For COVID-19 patients with severe disease, collection of blood cultures, prior to initiation of antimicrobial therapy

  ii. **At the time of claims submission**:
  - Detailed Indoor case papers having treatment and management including daily monitoring of temperature, vitals and SpO2; Chest X-ray & CBC in patients with moderate/severe illness; in severe cases supportive therapy & monitoring for example eg. Supplemental oxygen therapy, management of hypoxaemia, or shock; (Management of the patient as per the extant guidelines of MoH&FW)
  - Detailed discharge summary with post-discharge advise
  - All investigations reports; (in severe cases - negative test report once by PT-PCR after resolution of symptoms, before patient discharge).

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**

    2.2.1 **At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)**:

        a. **Clinical notes** - detailing history, risk factors (if any), signs and symptoms, vitals, investigations, admission criteria? Yes
        b. Planned line of management? Yes
        c. Photograph of the patient on bed? Yes

    2.2.2 **At the time of claim processing- For claims processing doctor (CPD)**
        a. Do the documents (clinical notes, physical examination reports, laboratory reports) available detail the need for admission? Yes
        b. Was there documentary evidence of record & monitoring of vitals- SpO2; Heart rate; chest examination? Yes
        c. Is medication/ treatment chart available? Was the patient given treatment as per the extant MoH&FW Clinical management protocol for COVID-19? Yes
        d. Do the discharge documents clearly indicate the discharge criteria as per the MoH&FW revised discharge policy for COVID-19? 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 in case of COVID-19 infection:**

    1. Does the patient present with any of the signs and symptoms of COVID-19 infection of Mild/ moderate/ severe clinical severity? Yes
    2. Does the laboratory report confirm COVID-19 infection at the time of admission? Yes

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

References:

i. Clinical management protocol: COVID 19, MOH&FW, Version 5, 03.07.2020, https://www.mohfw.gov.in/pdf/UpdatedClinicalManagementProtocolforCOVID19dated03072020.pdf

ii. Clinical Management Protocol for Covid-19, MoH&FW, Version 3, 13.06.2020, https://www.mohfw.gov.in/pdf/ClinicalManagementProtocolforCOVID19.pdf

iii. Newer Additional Strategies for COVID-19 testing, ICMR, DHR (MoH&FW), 23.06.2020, https://www.icmr.gov.in/pdf/covid/strategy/New_additional_Advisory_23062020_3.pdf

iv. Revised discharge policy for COVID-19, MoH&FW, https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf

v. Strategy for COVID-19 testing in India, ICMR, DHR (MoH&FW), Version 5, 18.05.2020, https://www.icmr.gov.in/pdf/covid/strategy/Testing_Strategy_v5_18052020.pdf