



Guidance document for processing PM-JAY packages

Heat stroke

Procedures covered: 1

Specialty: General Medicine

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Heat stroke	Heat stroke	M100052	MG067A	1,800

ALOS: 3 days

Minimum qualification of the treating doctor:

Essential: MBBS

Desirable: MD/ DNB/Equivalent in General Medicine

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Heat stroke** 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.

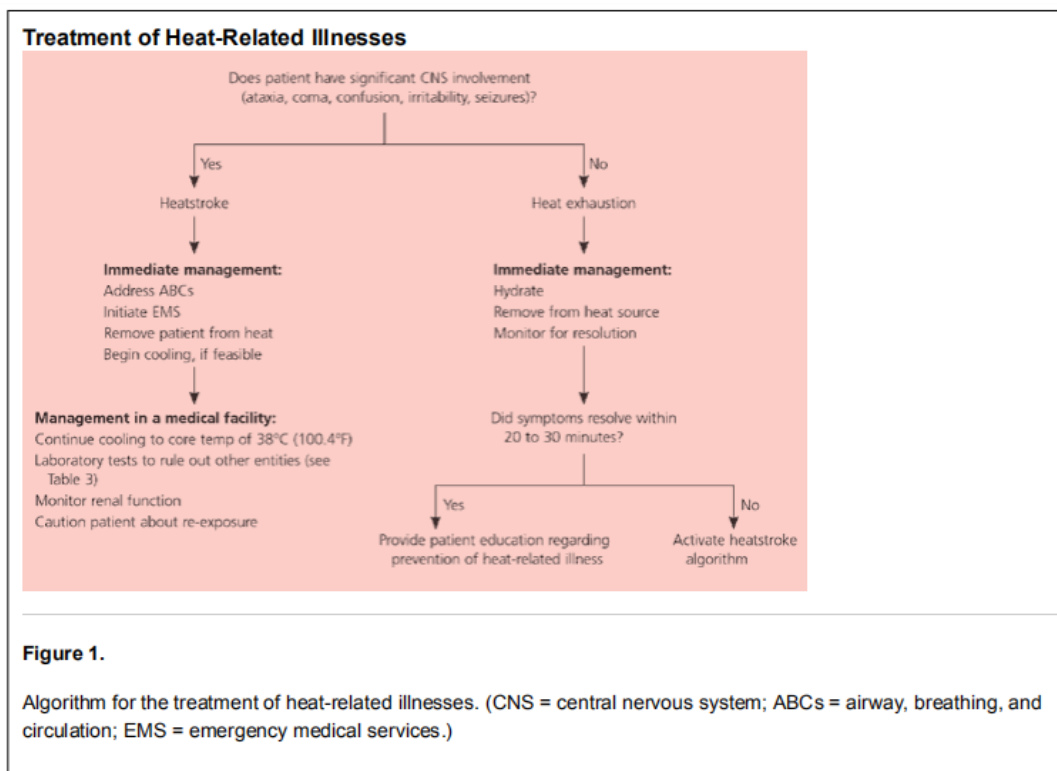
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Proceed with management of Heat stroke only if diagnosis made is backed by clinical signs:

- This is a combination of hyperthermia (classically defined as a core body temperature of at least 40.6°C [typically ranges from 40°C to 44°C (104°F to 111.2°F),
 - If rectal temperature exceeds 40°C a presumptive diagnosis of Heat stroke is made.

- **Major illness:** Altered consciousness, confusion or seizure in heatwave or high ambient temperature conditions
- Patient present with present with confusion and agitation, ataxia and irritability
- Other causes of hyperpyrexia and altered consciousness **should be excluded** (e.g. malaria, encephalitis, UTI, pneumonia, viral fever and neuroleptic malignant syndrome)



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	Heat Stroke
i. At the time of Pre-authorization	
a. Clinical notes with detailing history and Admission notes showing vitals (Temperature, BP, Pulse) and planned line of treatment	Yes
b. White Blood Count, Sr. electrolytes, Blood gas, Creatine phosphokinase, lactate dehydrogenase	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers (ICPs) with treatment details	Yes
b. Post treatment WBC, Sr. electrolytes	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	Heat Stroke
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes with detailing history and Admission notes showing vitals (Temperature, BP, Pulse) Planned line of treatment submitted?	Yes
b. Was the White Blood Count, Sr. electrolytes, Blood gas, Creatine phosphokinase, lactate dehydrogenase report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the Detailed Indoor Case Papers (ICPs) with treatment details submitted?	Yes
b. Was the Post treatment WBC, Sr. electrolytes submitted?	Yes
c. 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:

I. Was the clinical notes and White Blood Count, Sr. electrolytes levels indicative of procedure? Yes

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

References:

1. <https://www.aafp.org/afp/2005/0601/p2133.html>
2. Jain, Yogesh, et al. "Heatstroke: Causes, consequences and clinical guidelines." *The National medical journal of India* 31.4 (2018): 224.