



Guidance document for processing PM-JAY packages

Upper GI bleeding

Procedures covered: 2

Specialty: General Medicine, Pediatric Medical Management

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|-------------------|----------------------------------|------------------|--------------|---|
| Upper GI bleeding | Upper GI bleeding (conservative) | M100056, M200070 | MG041A | General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500 |
| Upper GI bleeding | Upper GI bleeding (endoscopic) | M100057 | MG041B | General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500 |

ALOS: 3-5 days

Minimum qualification of the treating doctor:

Desirable: MBBS

Essential: MD / DNB equivalent (in General Medicine, Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: Endoscopy facilities

Disclaimer:

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

Upper GI bleeding is a common medical emergency worldwide and refers to bleeding from the esophagus, stomach, or duodenum

Overt bleeding might show up as:

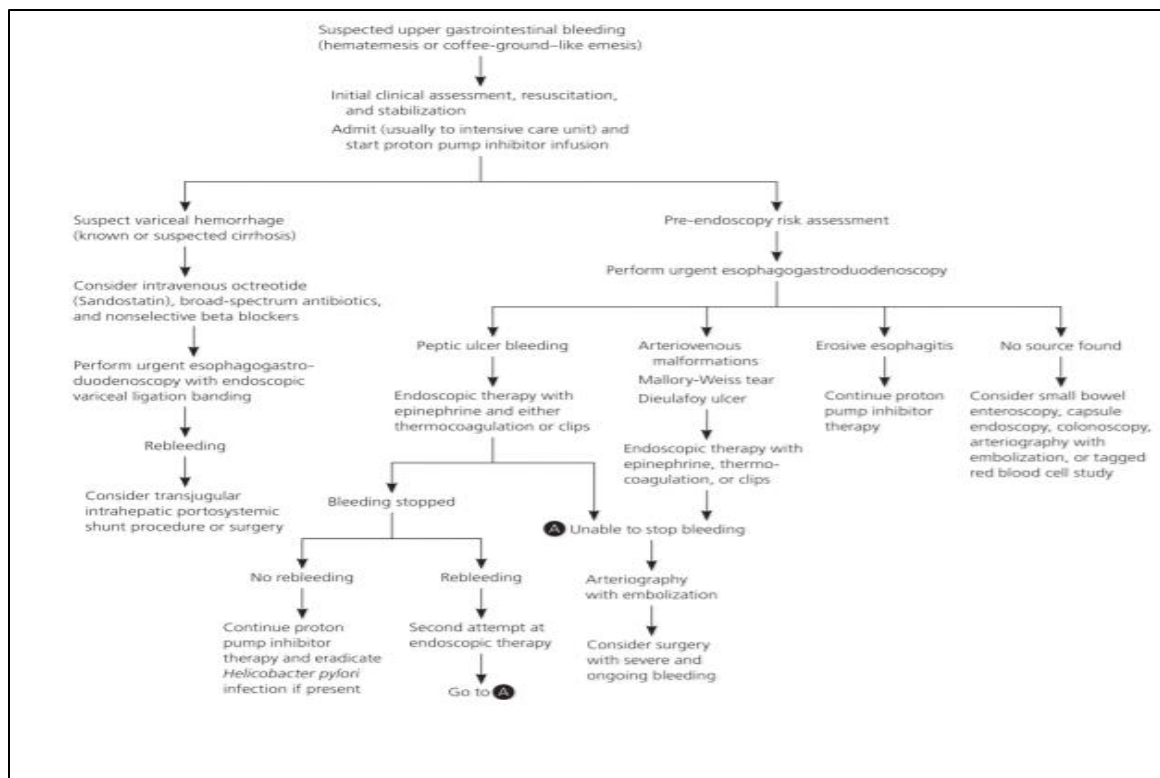
- Hematemesis (either red blood or coffee ground emesis)
- Black and tarry stool
- Rectal Bleeding, usually in or with bleeding stools

With Occult bleeding, you might have:

- Lightheadedness
- Difficulty breathing
- Fainting
- Chest pain
- Abdominal pain

| <i>Diagnosis</i> | <i>Distinguishing features</i> |
|---------------------------------|---|
| Peptic ulcer bleeding | History of aspirin or nonsteroidal anti-inflammatory drug use associated with abdominal pain, food consumption reduces pain, nocturnal symptoms, history of peptic ulcer bleeding or <i>Helicobacter pylori</i> infection |
| Gastritis and duodenitis | Same as peptic ulcer bleeding |
| Esophageal varices | History of cirrhosis and portal hypertension |
| Mallory-Weiss tear | History of repeated retching or vomiting |
| Gastrointestinal malignancy | History of weight loss, smoking, or alcohol consumption; more common in Asians |
| Arteriovenous malformations | Painless bleeding in older patients (older than 70 years), history of iron deficiency anemia |
| Esophagitis or esophageal ulcer | Heartburn, indigestion, or dysphagia |
| Dieulafoy ulcer | Painless bleeding, more common in men |
| No identifiable source | — |

Management of Acute Upper Gastrointestinal Bleeding



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 | Upper GI bleeding |
|---|-------------------|
| i. At the time of Pre-authorization | |
| a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment | Yes |
| b. Complete Blood count, platelets, Liver Function Test, Hemoglobin | Yes |
| c. Upper endoscopy report/CT | Yes |
| ii. At the time of claim submission | |
| a. Detailed Indoor case papers 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:

Upper GI bleeding:

1. Did the patient complaint of Hematemesis, Black and tarry stool? Yes
2. Did endoscopy report show presence of bleeding in upper GI? Yes

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

Reference:

1. Alan N. Barkun, MD, ACP Journal, Management of Nonvariceal Upper Gastrointestinal Bleeding: Guideline Recommendations From the International Consensus Group, <https://www.acpjournals.org/doi/10.7326/M19-1795>
2. <https://www.mayoclinic.org/diseases-conditions/gastrointestinal-bleeding/diagnosis-treatment/drc-20372732>
3. THAD WILKINS, MD, American Family Physician, Diagnosis and Management of Upper Gastrointestinal Bleeding, <https://www.aafp.org/afp/2012/0301/p469.html>