

Guidance document for processing PM-JAY packages

Lower GI hemorrhage

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Lower GI hemorrhage	Lower GI hemorrhage	M100058, M200071	MG042A	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:

Essential: MBBS

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

Special empanelment criteria/linkage to empanelment module: Colonoscopy

Disclaimer:

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

LGIB historically has been defined as bleeding that emanates from a source distal to the ligament of Treitz.

Common symptoms:

- Bright red blood from the anus, Bleeding can be streaks of blood or larger clots
- Melena (black sticky stool) with foul smell
- Belly pain
- Light headedness,
- Fainting
- Chest discomfort
- Nausea
- Difficulty breathing.

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	Lower GI hemorrhage
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. CBC, Platelets reports	Yes
c. Fecal tagging / Colonoscopy reports	Yes
ii. At the time of claim submission	
a. Detailed Indoor Case Papers and Treatment details	Yes
b. 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	Lower GI hemorrhage
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Were the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes

b. Was the CBC, Platelets reports submitted?	Yes
c. Was the Fecal tagging / Colonoscopy submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD):	
a. Was the Detailed ICPs with all the Treatment details submitted?	Yes
b. 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 patient had complaints of presence of blood in stool? yes

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

References:

1. The role of endoscopy in the patient with lower GI bleeding, <https://gikids.org/digestive-topics/lower-gi-bleeding/>