



Guidance document for processing PM-JAY packages

Accelerated hypertension / Hypertensive emergencies

Procedures covered: 2

Specialty: General Medicine, Pediatric Medical Management

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|--------------------------|--------------------------|--------------|--------------|---------------------------------------------------------------------------------------------------|
| Accelerated hypertension | Accelerated hypertension | M100007 | MG062A | General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500 |
| Hypertensive emergencies | Hypertensive emergencies | M100049 | MG063A | General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500 |

ALOS(Days): 2-3 days

Minimum qualification of the treating doctor:

Desirable: MBBS

Essential: DNB / MD (General Medicine / Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Accelerated hypertension and Hypertensive emergencies** 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 Accelerated hypertension and Hypertensive emergencies only if diagnosis made is backed by clinical manifestation:

Common symptoms:

- Blurred or double vision
- Confusion or loss of consciousness for even a brief moment
- Headache
- Irregular heartbeat
- Loss of vision or changes in vision
- Nausea and vomiting
- Weakness
- Difficulty in 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 | Accelerated hypertension / Hypertensive emergencies |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment | Yes |
| b. Fundoscopy report | Yes |
| ii. At the time of claim submission | |
| a. Detailed Indoor case papers with treatment given | Yes |
| b. Detailed procedure notes | 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 | Accelerated hypertension / Hypertensive emergencies |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD): | |
| a. Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted? | Yes |
| b. Was the Fundoscopy report submitted? | Yes |
| ii. At the time of claim processing- For claims processing doctor (CPD): | |
| a. Was Detailed Indoor Case Papers with vital (BP and Pulse) and Treatment details submitted? | Yes |
| b. Was the detailed procedure notes submitted? | Yes |
| c. Was the Detailed Discharge Summary submitted with the date of the follow-up mentioned? | 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:

Accelerated hypertension:

1. Was the patient had Blood pressure above 180/120 mm /hg ? Yes

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

References:

1. <https://www.healthgrades.com/right-care/high-blood-pressure/accelerated-hypertension#symptoms>
2. https://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/stg/Hypertension_full.pdf
3. http://apiindia.org/wp-content/uploads/medicine_update_2013/chap17.pdf
4. <https://applications.emro.who.int/dsaf/dsa234.pdf>