



## Guidance document for processing PM-JAY packages

### Cerebral sino-venous thrombosis/ Stroke/ Acute ischemic stroke

**Procedures covered/ procedure count: 5**

**Specialty: General Medicine/ Pediatric Medical Management**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Cerebral sino-venous thrombosis/ Stroke	Cerebral sino-venous thrombosis	M100063, M200087	MG049A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Cerebral sino-venous thrombosis / Stroke	Acute stroke	New Package	MG049B	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Cerebral sino-venous thrombosis / Stroke	Acute ischemic stroke	New Package	MG049C	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Cerebral sino-venous thrombosis / Stroke	Acute hemorrhagic stroke	New Package	MG049D	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Acute ischemic stroke	Acute ischemic stroke	M100063, M200086	MP017A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

**ALOS: 5-7 days**

**Minimum qualification of the treating doctor:**

**Essential:** MBBS

**Desirable:** MD / DNB/ or equivalent (Medicine)/ MD / DNB/ PG Diploma/ or equivalent (Paediatrics)/ DM/DNB/ PG Diploma/ or equivalent (Neurology)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

ICMR has issued clinical guidelines for **Stroke** to be followed in country. For monitoring and administering the claim management process of **Acute stroke, Acute ischemic stroke, Acute hemorrhagic stroke, Cerebral sino-venous thrombosis** packages, 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance



companies and TPAs. 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 the ICMR poster 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:**

Proceed with management of Stroke only if diagnosis made is backed by clinical signs, symptoms,

1. Numbness and weakness specially on one side of the body
2. Loss of/ altered consciousness
3. Decreased vision in one or more eye
4. Difficulty in speaking or understanding
5. Difficulty in walking, loss of balance or coordination
6. Confusion or loss of memory
7. Swallowing difficulties
8. Acute severe headache with no known cause
9. Nausea and vomiting

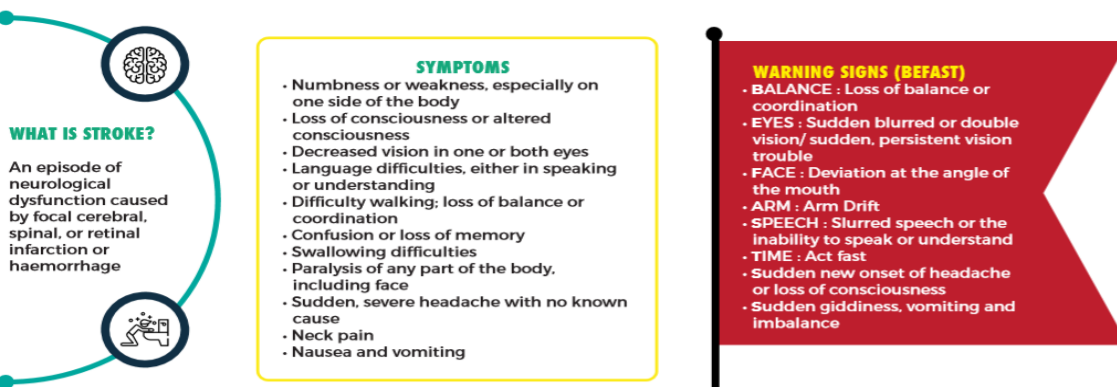
### 1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)<sup>i</sup>- For clinicians/ treating doctor

October/ 2019

Department of Health Research  
Ministry of Health and Family Welfare, Government of India



## Standard Treatment Workflow (STW) for the Management of **STROKE** ICD-10-I63, I64



TYPES OF STROKE				
Ischemic stroke Focal cerebral, spinal, or retinal infarction	Intracerebral haemorrhage Focal collection of blood within the brain parenchyma or ventricular system that is not caused by trauma	Subarachnoid haemorrhage Bleeding into the subarachnoid space	Cerebral venous thrombosis Thrombosis of a cerebral venous structure	Transient Ischemic Attack (TIA) Transient episode of neurologic dysfunction caused by focal cerebral, spinal cord, or retinal ischemia, without acute infarction
PRELIMINARY MANAGEMENT			INVESTIGATIONS	
<ul style="list-style-type: none"> <li>• Assess and manage ABCs</li> <li>• Initiate cardiac monitoring</li> <li>• Maintain O<sub>2</sub> saturation &gt;94%</li> <li>• Establish IV access</li> <li>• Determine blood glucose and treat accordingly</li> <li>• Determine time of symptom onset or last known normal, and obtain family contact information, preferably a cell phone</li> <li>• Triage and RAPID TRANSFER of patient to nearest district hospital with CT Scan facility or Stroke centre with facility for thrombolysis</li> <li>• Referral hospital to be notified to handle the referred patient with stroke</li> </ul>			ESSENTIAL	DESIRABLE
			<ul style="list-style-type: none"> <li>• CT Scan head</li> <li>• ECG</li> <li>• Blood Sugar</li> <li>• Lipids</li> <li>• Renal parameter</li> </ul>	<ul style="list-style-type: none"> <li>• CTA</li> <li>• Echocardiogram</li> </ul>
MANAGEMENT				
<p><b>STROKE ONSET TIME: &lt;4.5 HOURS</b></p> <p><b>* RECOMMENDED DIAGNOSTIC STUDIES</b></p>			OPTIONAL	
			<p><b>HAEMORRHAGIC:</b></p> <ul style="list-style-type: none"> <li>• Dysphagia assessment,</li> <li>• Blood pressure/blood sugar monitoring and IV fluids.</li> <li>• Prevention of Pneumonia</li> <li>• Prophylaxis for deep venous thrombosis etc, monitor and record ECG</li> </ul>	

ALL PATIENTS	SELECTED PATIENTS
<ul style="list-style-type: none"> <li>• Non-contrast brain CT or brain MRI</li> <li>• Blood glucose</li> <li>• Oxygen saturation</li> <li>• Serum electrolytes/renal function tests</li> <li>• Complete blood count, including platelet count</li> <li>• Markers of cardiac ischemia</li> <li>• BT, CT, Prothrombin time/INR</li> <li>• Activated partial thromboplastin time</li> <li>• ECG</li> <li>• FLP and carotid doppler (ischemic stroke)</li> </ul>	<ul style="list-style-type: none"> <li>• TT and/or ECT if it is suspected the patient is taking direct thrombin inhibitors or direct factor Xa inhibitors</li> <li>• Liver function tests</li> <li>• Toxicology screen</li> <li>• Blood alcohol level</li> <li>• Pregnancy test</li> <li>• Arterial blood gas test (if hypoxia is suspected)</li> <li>• Chest radiography (if lung disease is suspected)</li> <li>• Lumbar puncture (if subarachnoid haemorrhage is suspected and CT scan is negative for blood)</li> <li>• Electroencephalogram (if seizures are suspected)</li> </ul>

#### STROKE ONSET TIME: >4.5 HOURS

Rapid Assessment, CODE Stroke, Blood pressure and Blood Sugar monitoring, NIHSS, Intravenous lines  
Endovascular treatment with Mechanical thrombectomy using stent retriever (4.5 hrs to 24hrs)  
according to eligibility

#### SECONDARY PREVENTION

Aspirin (in ischemic stroke)  
Antihypertensives  
Antidiabetics  
Lipid lowering agents

#### REHABILITATION

Physiotherapy  
Speech Therapy  
Occupational Therapy  
Vocational training

#### DISCHARGE PLANNING

(checklist : drugs, diet, compliance, exercises, health education)

**FOLLOW UP** at 2<sup>nd</sup> week, 1<sup>st</sup> month, 3<sup>rd</sup> month and 6<sup>th</sup> month

#### STROKE UNIT MANAGEMENT

- Medical and Nursing staff : control of blood pressure; control of diabetes; swallow assessment; DVT prophylaxis; antiplatelet drugs
- Rehabilitation staff:
  - Acute phase: basic bed mobility, transfer techniques, communication training, prevention of complications
  - Subacute and chronic phase: mobility, gait and balance training, training of activities of daily living (grooming, eating, dressing etc), bowel/ bladder training, perceptual and cognitive rehabilitation, provision of assistive devices.

#### KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information.  
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#### 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:

**This may be an Emergency procedure and in all such cases the pre-auth documents to be submitted within 24 hours after the procedure has been initiated**

Mandatory document	Acute stroke	Acute ischemic stroke	Acute hemorrhagic stroke	Cerebral sino-venous thrombosis
<b>i. At the time of Pre-authorization</b>				
Clinical notes with vitals (Blood pressure, Pulse rate)	Yes	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>				
Indoor case papers	Yes	Yes	Yes	Yes
CT/MRI scan report	Yes	Yes	Yes	Yes
Discharge Summary	Yes	Yes	Yes	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:**

**This may be an Emergency procedure and in all such cases the pre-auth documents to be submitted within 24 hours after the procedure has been initiated**

	Acute stroke	Acute ischemic stroke	Acute hemorrhagic stroke	Cerebral sino-venous thrombosis
<b>2.2.1 Preauth processing doctors (PPD)</b>				
Are clinical notes with detailed vital parameters record available?	Yes	Yes	Yes	Yes
<b>2.2.2 Claims processing doctors (CPD)</b>				
Did CT brain / MRI show any abnormality?	Yes	Yes	Yes	Yes

Was patient treated with thrombolytics, anticonvulsants, IV fluids?	Yes	Yes	Yes	Yes
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### **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. CT brain / MRI show any abnormality – Yes

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

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<sup>[1]</sup> Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal ([stw.icmr.org.in](http://stw.icmr.org.in)) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.