



Guidance document for processing PM-JAY packages

Alcoholic Liver Disease

Procedures covered: 1

Specialty: General Medicine

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Alcoholic Liver Disease	Alcoholic Liver Disease	New Package	MG078A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (In days): 7 Days.

Minimum qualification of the treating doctor:

Essential: MBBS, DNB/MD equivalent in General Medicine

Special empanelment criteria/linkage to empanelment module: Tertiary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **Alcoholic Liver Disease** 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:

Alcohol-related liver disease (ARLD) refers to liver damage caused by excess alcohol intake. There are several stages of severity and a range of associated symptoms.

There are 3 main stages of ARLD

- **Alcoholic fatty liver disease:** Drinking a large amount of alcohol, even for just a few days, can lead to a build-up of fats in the liver causing alcoholic fatty liver disease. It is the first stage of ARLD. Fatty liver disease rarely causes any symptoms, but it's an important warning sign.
- **Alcoholic hepatitis:** It is characterized by the recent onset of jaundice with or without other signs of liver decompensation (i.e. ascites and/or encephalopathy) in patients with ongoing alcohol abuse.
- **Cirrhosis:** It is a stage of ARLD where the liver has become significantly scarred and considered as the final stage of this disease.

Symptoms of alcohol-related liver disease (ARLD)

ARLD does not usually cause any symptoms until the liver has been severely damaged.

When this happens, symptoms can include:

- Feeling sick
- Weight loss
- Loss of appetite
- Yellowing of the eyes and skin (jaundice)
- Swelling in the ankles and tummy
- Confusion or drowsiness
- Vomiting blood or passing blood in your stools

Diagnosis

- Blood tests - Liver function tests (LFT), Prothrombin time (PT), Serum albumin, Serum electrolytes

If the symptoms or liver function test suggest an advanced form of ARLD (either alcoholic hepatitis or cirrhosis) further testing is required as below

- Imaging Test - USG, CT Scan and MRI Scan
- Liver Biopsy - to determine the degree of scarring in the liver and the cause of the damage.
- Endoscopy – to check for the presence of swollen veins (varices), which are a sign of cirrhosis

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	Alcoholic Liver Disease
i. At the time of Pre-authorization	
a. Clinical notes detailing history of alcohol consumption and admission notes showing vitals and examination findings.	Yes
b. Investigation reports establishing diagnosis – LFT/ Prothrombin time/ Serum albumin/ Serum electrolytes	Yes
c. Other relevant investigations of USG/CT/MRI/Liver Biopsy/Endoscopy (if required)	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. Investigations reports (LFT/ Prothrombin time/ Serum albumin/ Serum electrolytes)	
d. 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 document	Alcoholic Liver Disease
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes detailing history of alcohol consumption and Admission notes showing vitals and examination findings.	Yes
b. Were the investigation reports establishing diagnosis – LFT/ Prothrombin time/ Serum albumin/ Serum electrolytes submitted?	Yes
c. Were the other investigations USG/CT/MRI/Liver Biopsy/Endoscopy if required are submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed indoor case papers (ICPs) submitted?	Yes

b. Are the treatment details submitted?	Yes
c. Are the investigations reports LFT/ Prothrombin time/ Serum albumin/ Serum electrolytes submitted?	Yes
d. Is a 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 patient's history and investigation suggestive of the diagnosis? Yes

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

References:

1. Alcohol-related liver disease- nhs.uk. 2017.
Available from: <https://www.nhs.uk/conditions/alcohol-related-liver-disease-arld/>
2. Dugum, M., & McCullough, A. (2015). Diagnosis and Management of Alcoholic Liver Disease. Journal of clinical and translational hepatology, 3(2), 109–116.
<https://doi.org/10.14218/JCTH.2015.00008>