



## Guidance document for processing PM-JAY packages

### Severe Acute Laryngitis requiring hospitalization

**Procedures covered: 1**

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

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Acute Laryngitis	Severe Acute Laryngitis requiring hospitalization	New Package	MP047A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

**ALOS (In days): 5 Days**

#### **Minimum qualification of the treating doctor:**

**Essential:** MBBS, DNB/MD equivalent in General Medicine, MD/DNB/DCH/ equivalent (Pediatric Medicine), MS/ DNB/ PG Diploma or equivalent (in ENT)

**Special empanelment criteria/linkage to empanelment module:** Secondary Care Facilities

#### **Disclaimer:**

For monitoring and administering the claim management process of **Severe Acute Laryngitis requiring hospitalization** 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:

**Acute laryngitis** is a short-term inflammatory condition affecting the larynx, or voice box, typically lasting less than 3 weeks. If this condition lasts for over 3 weeks, then it is termed as chronic laryngitis.

**Etiology:** The etiology of acute laryngitis can be classified as either infectious or non-infectious.

- **Acute infectious laryngitis:** The most common cause is viral upper respiratory infection (URI) caused by the viral agents (rhinovirus, parainfluenza virus, respiratory syncytial virus, coronavirus, adenovirus, and influenza) and bacterial agents (*Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Moraxella catarrhalis*). These same agents are common in pediatric acute laryngitis, though it is important to remember croup (laryngotracheobronchitis) in children, which is due to parainfluenza virus (most commonly parainfluenza-1). This may present with isolated vocal symptoms, but classically includes a characteristic "barking" cough and may progress to inspiratory or biphasic stridor.
- **Acute non-infectious laryngitis** can be due to vocal trauma/abuse/misuse, allergy, gastroesophageal reflux disease, asthma, environmental pollution, smoking, inhalational injuries, or functional/conversion disorders.

### Symptoms

- Dysphonia (hoarseness of the voice)
- Fever (during the first few days of infection)
- Sore throat
- Dry cough
- Frequent throat-clearing

### Management

- Voice Rest
- Steam Inhalation
- Avoidance of Irritants
- Dietary Modification
- Medications – Antibiotics, Antifungal agents, Anti-reflux medications for Laryngopharyngeal reflux (LPR) related laryngitis, H2 receptor and proton pump blocking agents are effective against Gastroesophageal reflux and Mucolytics may be used for clearing secretions

## 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	Severe Acute Laryngitis requiring hospitalization
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes detailing infectious history or sickness contact and admission notes showing vitals and examination findings.	Yes
b. Laryngoscopy report	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. Relevant investigations report- Laryngoscopy/Nasal endoscopy report submitted?	Yes
d. 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:**

- Were patient's history, physical examination findings and Laryngoscopy report suggestive of the diagnosis? Yes

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

### **References:**

Gupta G, Mahajan K. Acute Laryngitis. [Updated 2020 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK534871/>