

Guidance document for PM-JAY package

Behavioral and Emotional Disorders of Childhood and Adolescence

Procedures covered/ procedure count: 5

Specialty: Mental Disorders

Package name	Procedure Name	HBP 1.0 Code	HBP 2022 code	Package price (INR)	ALOS
Behavioral and emotional Disorders of Childhood and Adolescence	Oppositional Defiant Disorder	New Package	MM011A	Routine Ward - NRP: 2100	3-4 weeks
Behavioral and emotional Disorders of Childhood and Adolescence	Conduct Disorder	New Package	MM011B	Tier 1: 2300 Tier 2: 2300 Tier 3: 2100	3-4 weeks
Behavioral and emotional Disorders of Childhood and Adolescence	Mixed Disorder of Conduct and Emotions	New Package	MM011C	HDU - NRP: 3300	3-4 weeks
Behavioral and emotional Disorders of Childhood and Adolescence	Anxiety and Depressive Disorders	New Package	MM011D	Tier 1: 3800 Tier 2: 3800 Tier 3: 3300	3-4 weeks
Behavioral and emotional Disorders of Childhood and Adolescence	Other Internalizing and Externalizing Disorders of Childhood and Adolescence	New Package	MM011E		3-4 weeks

Minimum qualification of the treating doctor:

Essential: MD/DNB/ equivalent (Psychiatry)

Special empanelment criteria/linkage to empanelment module: As per the provisions of the Mental Health Act 2017

Disclaimer:

For monitoring and administering the claim management process of **Behavioral and emotional disorders of childhood and adolescents associated with physiological disturbances and physical factors**, 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 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:

The provisions under Mental Healthcare Act 2017 (<https://egazette.nic.in/WriteReadData/2017/175248.pdf>) be referred for details on Admission & Discharge criteria.

Neurodevelopmental disorders other than intellectual disorders come under ICD 11 and DSM-5 which includes the following conditions:

i. OPPOSITIONAL DEFIANT DISORDER

Oppositional defiant disorder is a persistent pattern (e.g., 6 months or more) of markedly defiant, disobedient, provocative or spiteful behaviour that occurs more frequently than is typically observed in individuals of comparable age and developmental level and that is not restricted to interaction with siblings. Oppositional defiant disorder may be manifest in prevailing, persistent angry or irritable mood, often accompanied by severe temper outbursts or in headstrong, argumentative and defiant behaviour. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning

ii. CONDUCT DISORDER

Conduct/dissocial disorder is characterized by a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms, rules, or laws are violated such as aggression towards people or animals; destruction of property; deceitfulness or theft; and serious violations of rules. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. To be diagnosed, the behaviour pattern must be enduring over a significant period of time (e.g., 12 months or more). Isolated dissocial or criminal acts are thus not in themselves grounds for the diagnosis.

iii. MIXED DISORDER OF CONDUCT AND EMOTIONS

A group of disorders characterized by the combination of persistently aggressive, dissocial or defiant behaviour with overt and marked symptoms of depression, anxiety or other emotional upsets. The criteria for both conduct disorders of childhood and emotional disorders of childhood or an adult-type neurotic diagnosis or a mood disorder must be met.

- a) **Depressive conduct disorder** -This category requires the combination of conduct disorder with persistent and marked depression of mood, as demonstrated by symptoms such as excessive misery, loss of interest and pleasure in usual activities, self-blame, and hopelessness; disturbances of sleep or appetite may also be present.
- b) **Other mixed disorders of conduct and emotions** -This category requires the combination of conduct disorder with persistent and marked emotional symptoms such as anxiety, obsessions or compulsions, depersonalization or derealization, phobias, or hypochondriasis.

iv. **ANXIETY AND DEPRESSIVE DISORDER**

Mixed depressive and anxiety disorder is characterized by symptoms of both anxiety and depression more days than not for a period of two weeks or more. Depressive symptoms include depressed mood or markedly diminished interest or pleasure in activities. There are multiple anxiety symptoms, which may include feeling nervous, anxious, or on edge, not being able to control worrying thoughts, fear that something awful will happen, having trouble relaxing, muscle tension, or sympathetic autonomic symptoms. Neither set of symptoms, considered separately, is sufficiently severe, numerous, or persistent to justify a diagnosis of another depressive disorder or an anxiety or fear-related disorder. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning. There is no history of manic or mixed episodes, which would indicate the presence of a bipolar disorder.

v. **OTHER INTERNALIZING & EXTERNALIZING DISORDERS**

Internalizing disorders are those characterized by anxiety, depressive, and somatic symptoms and externalizing disorders are those characterized by impulsive, disruptive conduct, substance use, and other addictive symptoms. The characteristics beyond these internalizing and externalizing disorders will fall in this category.

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	Behavioral syndromes associated with physiological disturbances and physical factors
i. At the time of Pre-authorization	
a. Clinical notes with detailed history and chronicity	Yes
b. Admission document signed by empanelled psychiatrist	Yes
ii. At the time of claim submission	
a. Detailed treatment notes	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 document	Behavioral syndromes associated with physiological disturbances and physical factors
I. Pre-auth processing Doctor (PPD)	
a. Clinical notes - detailed history, mini mental status test, indication for treatment and need of hospitalization	Yes
b. Was the admission document signed by an empanelled psychiatrist?	Yes
II. Claims processing Doctor (CPD)	
a. Are the detailed treatment notes submitted?	Yes
b. Is there a Detailed Discharge Summary mentioning date of follow-up 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 patient admission document signed by an empanelled psychiatrist? Yes

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

References

1. <http://id.who.int/icd/entity/1516623224>
2. <https://icd.who.int/browse10/2014/en>
3. <https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:907fa51f-b6cb-494c-95b1-5cacf626fc55>