



Guidance document for processing PM-JAY packages

Management of Acute encephalitis syndrome/ Acute encephalitis

Procedures covered/ procedure count: 3

Specialty: Pediatric Medical Management/ General Medicine

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Acute encephalitis syndrome	Acute encephalitis syndrome	M200078	MP004A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Acute encephalitis	Infectious-uncomplicated	M200090	MP003A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Acute encephalitis	Immune-mediated - uncomplicated	M200090	MP003B	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: MD / DNB/ equivalent (Medicine/ Pediatrics/ Neurology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

ICMR has issued clinical guidelines for **Management of Acute encephalitis syndrome in Children** to be followed in country. For monitoring and administering the claim management process of **Acute encephalitis syndrome & Acute Encephalitis**, 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.

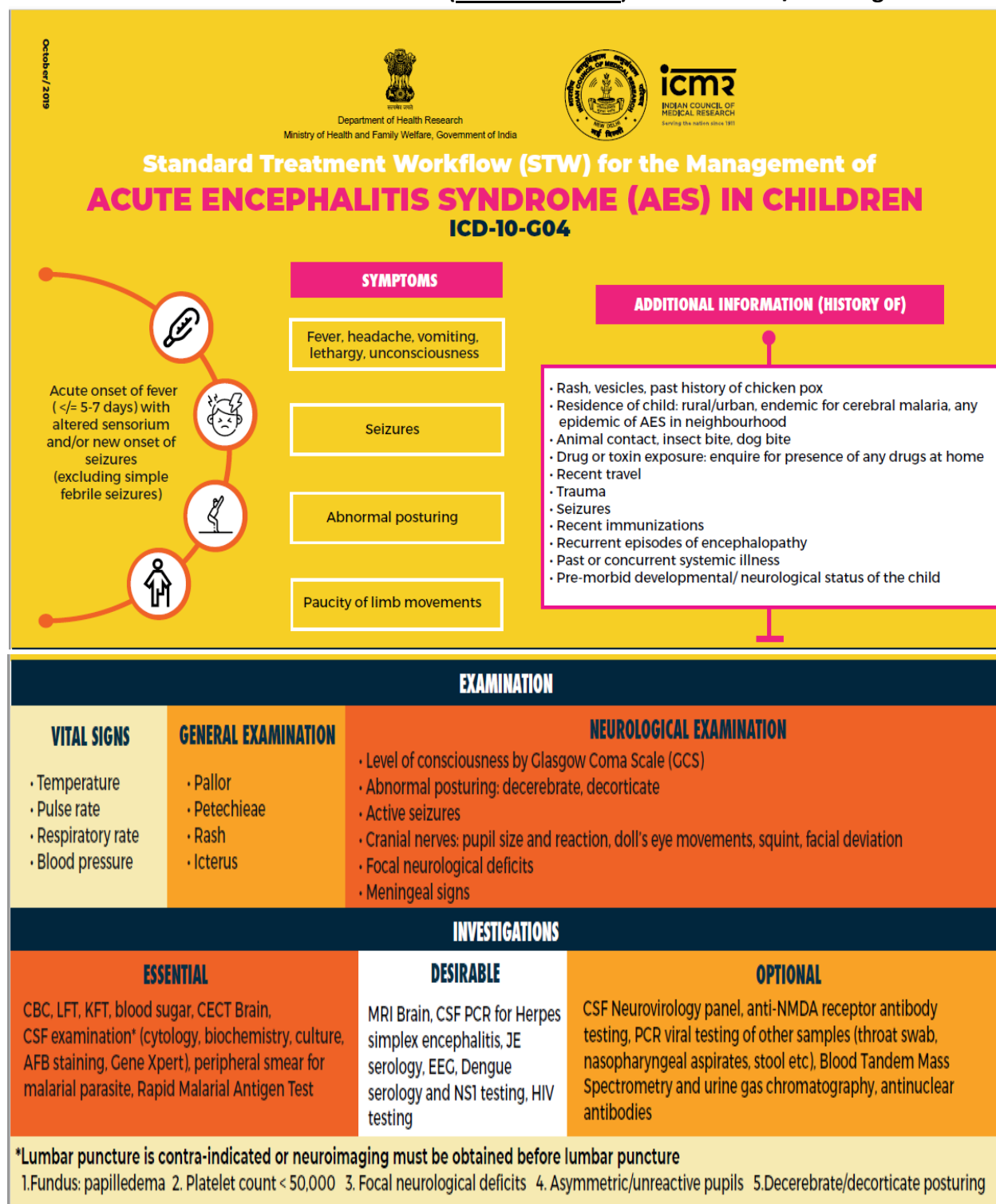


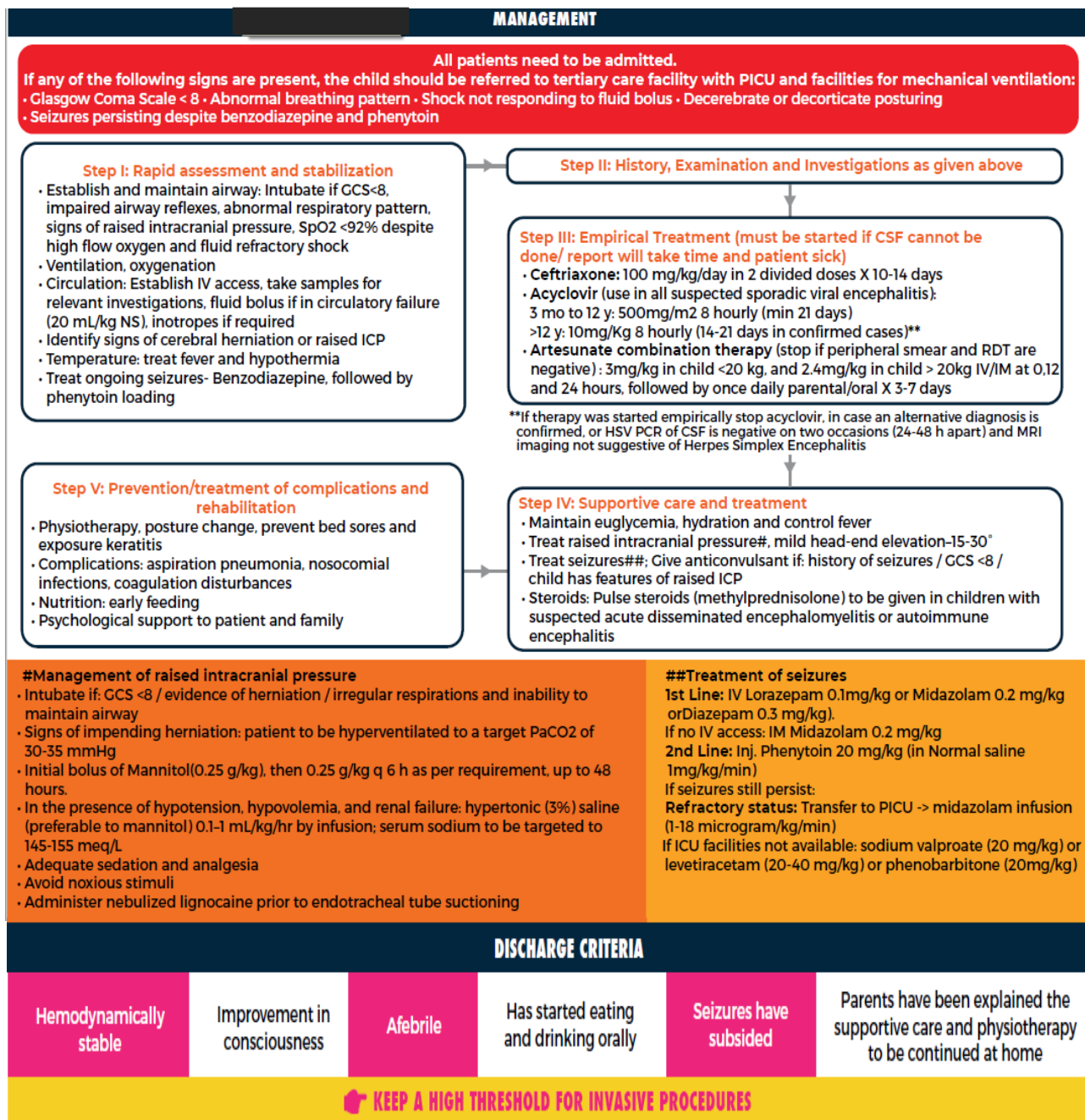
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

- a. Proceed with management of Acute encephalitis syndrome/ Acute encephalitis only if diagnosis made is backed by clinical signs,
 1. Acute onset of fever (\leq 5-7 days)
 2. Mental confusion / Disorientation/ Delirium or coma
 3. Febrile Seizures
 4. Abnormal posturing
 5. Paucity of limb movement

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





REFERENCES

1. World Health Organisation. Acute Encephalitis Syndrome. Japanese encephalitis surveillance standards. January 2006. From WHO-recommended standards for surveillance of selected vaccine-preventable diseases. WHO/VGB/03.01. Available from: [http://www.who.int/vaccines-documents/ DocsPDF06/843.pdf](http://www.who.int/vaccines-documents/DocsPDF06/843.pdf)
2. National Program for Prevention and Control of Japanese Encephalitis/Acute Encephalitis Syndrome 2014. Government of India Ministry of Health & Family Welfare Directorate General of Health Services National Vector Borne Disease Control Programme.
3. Sharma S, Mishra D, Aneja S, Kumar R, Jain A, Vashishtha VM. Consensus guidelines on evaluation and management of suspected acute viral encephalitis in children in India. Indian Pediatr. Nov 2012;49(11):897-910.
4. Sankhyani N, Vykunta Raju KN, Sharma S, Gulati S. Management of raised intracranial pressure. Indian J Pediatr. 2010 Dec;77(12):1409-16.

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) 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:

Mandatory document	Acute encephalitis syndrome/ Acute encephalitis
i. At the time of Pre-authorisation	
Clinical notes with indications	Yes
Chest X Ray	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Indoor case papers	Yes
CSF examination	Yes
CT Brain	Yes
Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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:

2.2.1 Pre-auth processing Doctor (PPD)

1. Does the clinical note mention acute onset of fever (\leq 5 – 7 days) ? Yes
2. Did the clinical note mention altered sensorium and onset of seizures? Yes

2.2.2 Claims Processing Doctor (CPD)

1. Was the CSF examination performed? Yes
2. Is the discharge summary available? 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. Acute onset of fever (\leq 5-7 days)? Yes



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

^[1] 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) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.