



## Guidance document for PM JAY package

### Behavioral syndromes associated with physiological disturbances and physical factors

**Procedures covered/ procedure count: 1**

**Specialty:** Mental Disorders

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Behavioral syndromes associated with physiological disturbances and physical factors	Behavioral syndromes associated with physiological disturbances and physical factors	M800006, M800016	MM006A	1,500

**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 syndromes 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 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:

The provisions under Mental Healthcare Act 2017 be referred for details on Admission & Discharge criteria.

Behavioral Syndromes come under ICD 10 which includes following conditions:

### i. Eating disorders

#### Anorexia nervosa

A disorder characterized by deliberate weight loss, induced and sustained by the patient. It occurs most commonly in adolescent girls and young women. There is usually undernutrition of varying severity with secondary endocrine and metabolic changes and disturbances of bodily function. The symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics. Atypical anorexia nervosa, Disorders that fulfil some of the features of anorexia nervosa but in which the overall clinical picture does not justify that diagnosis.

#### Bulimia nervosa

A syndrome characterized by repeated bouts of overeating and an excessive preoccupation with the control of body weight, leading to a pattern of overeating followed by vomiting or use of purgatives. Repeated vomiting is likely to give rise to disturbances of body electrolytes and physical complications. There is often, but not always, a history of an earlier episode of anorexia nervosa, the interval ranging from a few months to several years.

Atypical bulimia nervosa: disorders that fulfill some of the features of bulimia nervosa, but in which the overall clinical picture does not justify that diagnosis.

Overeating associated with other psychological disturbances, due to stressful events, such as bereavement, accident, childbirth, etc.

### ii. Nonorganic sleep disorders

In many cases, a disturbance of sleep is one of the symptoms of another disorder, either mental or physical. This category includes only those sleep disorders in which emotional causes are considered to be a primary factor, and which are not due to identifiable physical disorders classified elsewhere.

#### Nonorganic insomnia

A condition of unsatisfactory quantity and/or quality of sleep, which persists for a considerable period of time, including difficulty falling asleep, difficulty staying asleep, or early final waking. Insomnia is a common symptom of many mental and



physical disorders, and should be classified here in addition to the basic disorder only if it dominates the clinical picture.

#### Nonorganic hypersomnia

Hypersomnia is defined as a condition of either excessive daytime sleepiness and sleep attacks (not accounted for by an inadequate amount of sleep) or prolonged transition to the fully aroused state upon awakening. In the absence of an organic factor for the occurrence of hypersomnia, this condition is usually associated with mental disorder.

#### Nonorganic disorder of the sleep-wake schedule

A lack of synchrony between the sleep-wake schedule and the desired sleep-wake schedule for the individual's environment, resulting in a complaint of either insomnia or hypersomnia.

#### Sleepwalking [somnambulism]

A state of altered consciousness in which phenomena of sleep and wakefulness are combined. During a sleepwalking episode the individual arises from bed, usually during the first third of nocturnal sleep, and walks about, exhibiting low levels of awareness, reactivity, and motor skill. Upon awakening, there is usually no recall of the event.

#### Sleep terrors [night terrors]

Nocturnal episodes of extreme terror and panic associated with intense vocalization, motility, and high levels of autonomic discharge. The individual sits up or gets up, usually during the first third of nocturnal sleep, with a panicky scream. Quite often he or she rushes to the door as if trying to escape, although very seldom leaves the room. Recall of the event, if any, is very limited (usually to one or two fragmentary mental images).

#### Nightmares

Dream experiences loaded with anxiety or fear. There is very detailed recall of the dream content. The dream experience is very vivid and usually includes themes involving threats to survival, security, or self-esteem. Quite often there is a recurrence of the same or similar frightening nightmare themes. During a typical episode there is a degree of autonomic discharge but no appreciable vocalization or body motility. Upon awakening the individual rapidly becomes alert and oriented.

Dream anxiety disorder, Other nonorganic sleep disorders, Unspecified Emotional sleep disorder NOS

iii. **Sexual dysfunction, not caused by organic disorder or disease**

Sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish. Sexual response is a psychosomatic process and both psychological and somatic processes are usually involved in the causation of sexual dysfunction. This may include lack or loss of sexual desire, erectile dysfunction (men), vaginal dryness or failure of lubrication (women), dyspareunia etc.,.

iv. **Mental and behavioral disorders associated with the puerperium, not elsewhere classified**

This category includes only mental disorders associated with the puerperium (commencing within six weeks of delivery) that do not meet the criteria for disorders classified

v. **Psychological and behavioral factors associated with disorders or diseases classified elsewhere**

This category should be used to record the presence of psychological or behavioral influences thought to have played a major part in the etiology of physical disorders which can be classified to other chapters. Any resulting mental disturbances are usually mild, and often prolonged (such as worry, emotional conflict, apprehension) and do not of themselves justify the use of any of the categories in this chapter.

vi. **Abuse of non-dependence-producing substances**

A wide variety of medicaments and folk remedies may be involved, but the particularly important groups are: (a) psychotropic drugs that do not produce dependence, such as antidepressants, (b) laxatives, and (c) analgesics that may be purchased without medical prescription, such as aspirin and paracetamol.

vii. **Unspecified behavioral syndromes associated with physiological disturbances and physical factors**

**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
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	and physical factors
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with detailed history and chronicity	Yes
b. Admission document signed by empanelled psychiatrist	Yes
<b>ii. At the time of claim submission</b>	
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
<b>I. Pre-auth processing Doctor (PPD)</b>	
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
<b>II. Claims processing Doctor (CPD)</b>	
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. <https://icd.who.int/browse10/2014/en> ICD-10 version 2014