



## Guidance document for processing PM-JAY packages

### Management of Dengue

**Packages covered/ package count: 3**

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

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Dengue fever	Dengue fever	M100015, M200030	MG004A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Dengue fever	Dengue hemorrhagic fever	M100050	MG004B	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Dengue fever	Dengue shock syndrome	M100050, M200075	MG004C	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

**ALOS: 5 days**

**Minimum qualification of the treating doctor:**

**Essential:** MBBS

**Desirable:** MD/ DNB/ equivalent (Medicine/ Pediatrics)

**Special empanelment criteria/linkage to empanelment module:** None

#### Disclaimer:

ICMR has issued clinical guidelines for **Management of Dengue** to be followed in country. For monitoring and administering the claim management process of **Dengue fever, Dengue hemorrhagic fever, Dengue shock syndrome**, 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.

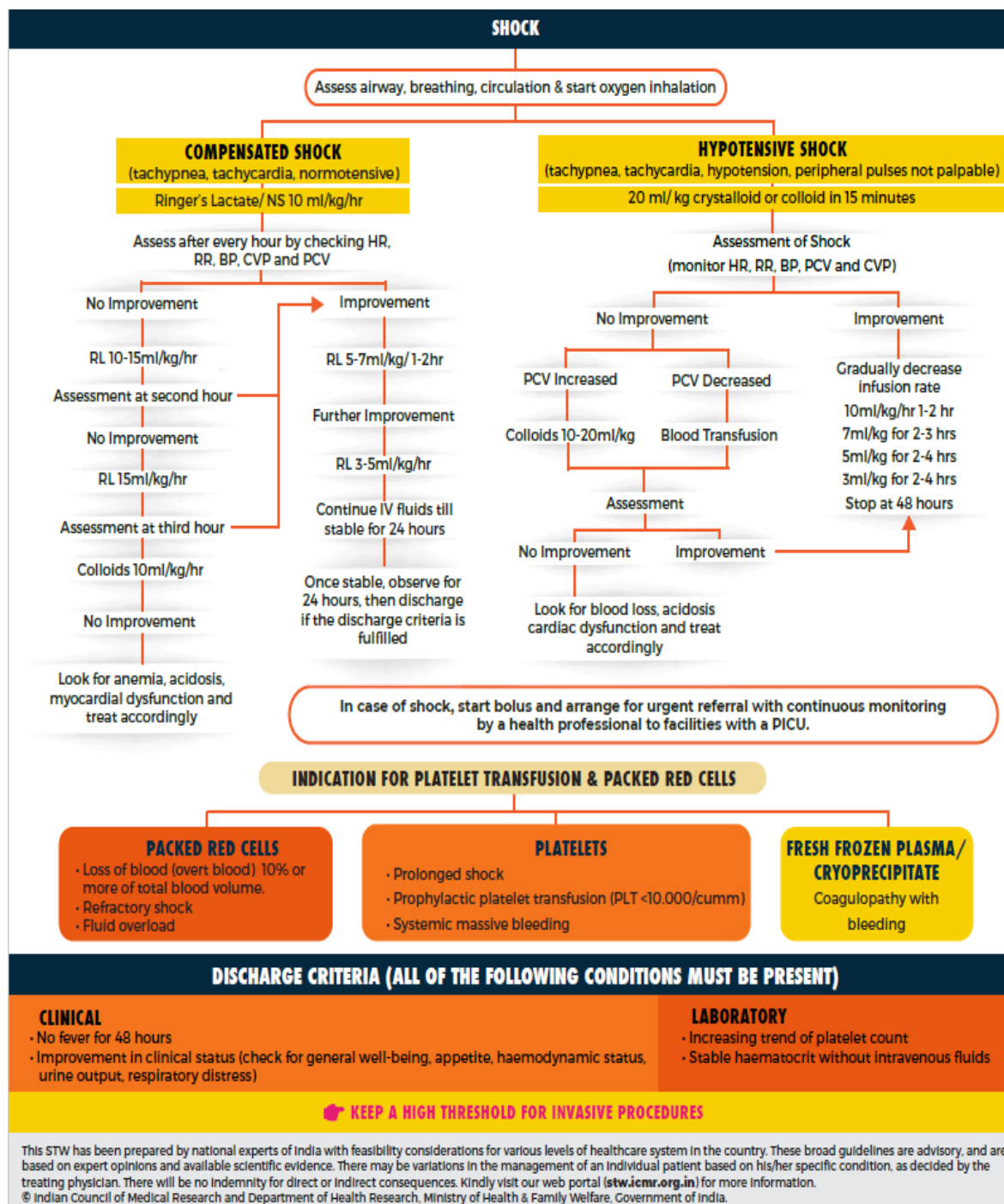
It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

### **1.2 Clinical key pointers:**

- a. Proceed with management of Dengue only if diagnosis made is backed by clinical signs with fever and two of the following criteria,
  1. Nausea and vomiting
  2. Rash
  3. Myalgia
  4. Headache
  5. Retro Orbital pain
  6. Arthralgia
  7. Hemorrhagic manifestation

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





#### 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	Dengue fever	Dengue fever hemorrhagic	Dengue shock syndrome
<b>i. At the time of Pre-authorization</b>			
Clinical notes	Yes	Yes	Yes
Complete Blood Count (CBC)	Yes	Yes	Yes
NS1 Antigen	Yes	Yes	Yes
Peripheral blood film	Yes	Yes	Yes
Planned line of treatment	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>			
Indoor case papers including monitoring of vitals	Yes	Yes	Yes
Complete Blood Count (CBC)	Yes	Yes	Yes
All other investigation reports	Yes	Yes	Yes
Discharge Summary	Yes	Yes	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:**

#### **2.2.1 For Preauth processing doctors (PPD):**

- I. Did the clinical notes have mentioning of Fever with chills, sweating, headache, body ache, vomiting, rash on the body? Yes
- II. Did the patient have high fever (temp > 102 degree)? Yes



### 2.2.2 For Claims processing doctors (CPD):

- I. Did CBC show Thrombocytopenia, platelets < 1 lakh/cumm? Yes
- II. Was Dengue NS1 / IgM report positive? 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. Dengue NS1 / IgM report positive? Yes
- II. platelets < 1 lakh/cumm? Yes

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

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<sup>[1]</sup> 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](http://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.