

Guidance document for PM JAY packages

Mental and Behavioural disorders due to psychoactive substance use

Procedures covered/ procedure count: 1

Specialty: Mental Disorders

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Mental and Behavioural disorders due to psychoactive substance use	Mental and Behavioural disorders due to psychoactive substance use	M800002, M800009	MM007A	1,500/day

Minimum qualification of the treating doctor:

Essential: MD/ DNB/ PG Diploma/ equivalent (in Psychiatry)

ALOS: 6-8 weeks

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

Disclaimer:

“ICMR has issued clinical guidelines for **Alcohol use disorders** due to psychoactive substance use to be followed in country. For monitoring and administering the claim management process of Mental and Behavioural disorders due to psychoactive substance use, 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. 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:

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

October/2019

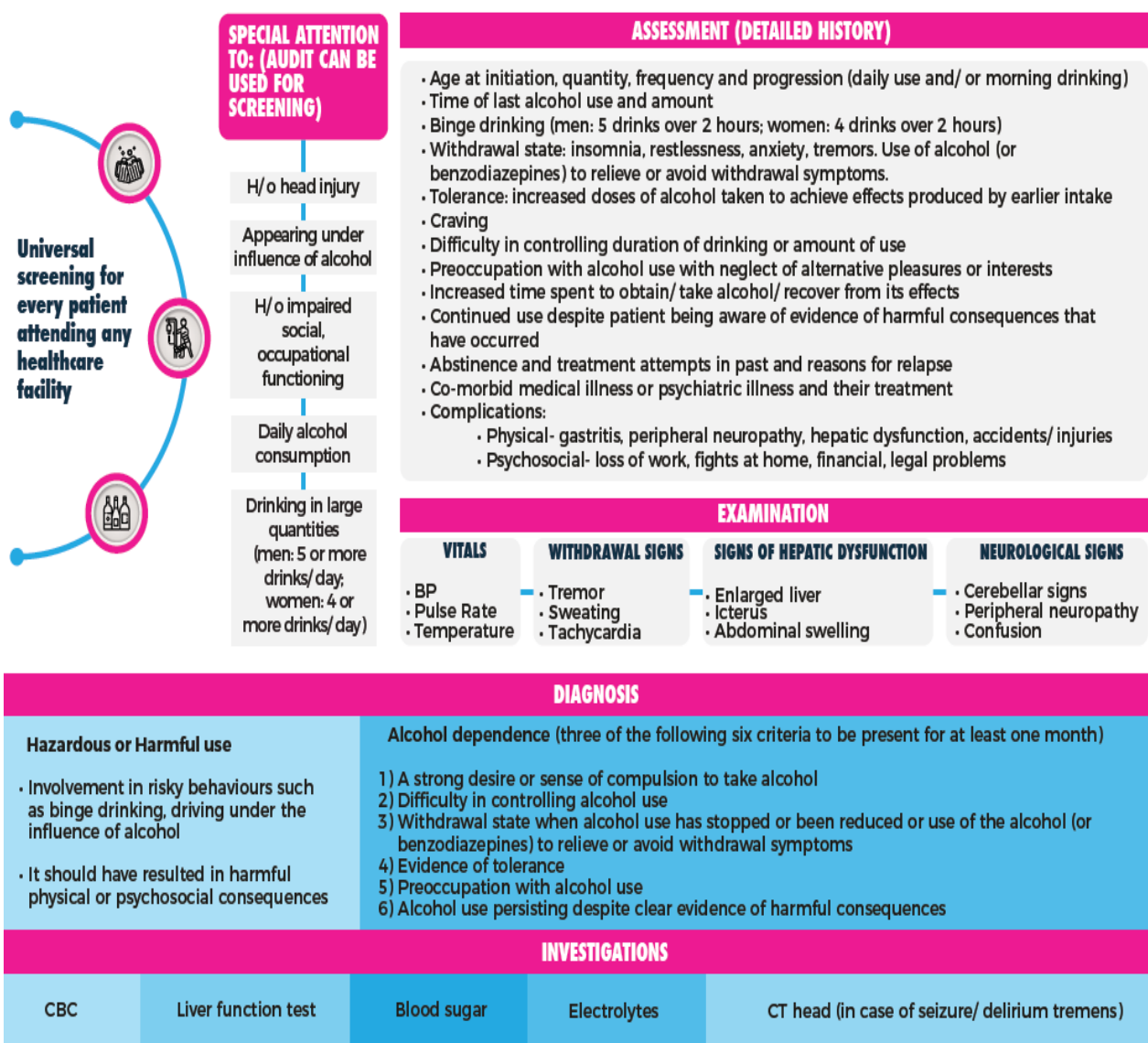


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Ministry of Health and Family Welfare, Government of India

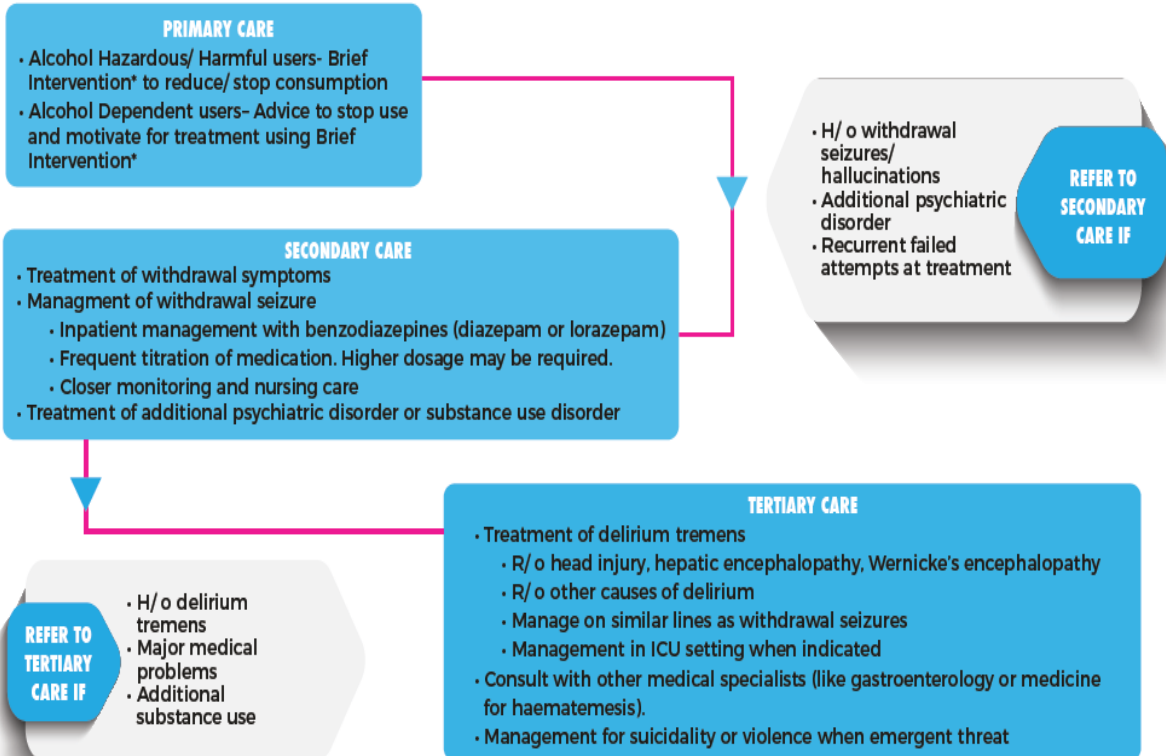


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Standard Treatment Workflow (STW) for the Management of ALCOHOL USE DISORDERS ICD10-F10



MANAGEMENT



*BRIEF INTERVENTION

Inquire using open ended questions in a non judgemental manner. Help patient to evaluate the risks versus the perceived benefits and to arrive at a decision to reduce or stop alcohol use.

Includes (FRAMES) :

- Feedback about alcohol related problems
- Responsibility- acknowledging that the patient is responsible for making the decision about their alcohol use
- Advice regarding the harms associated with continued use
- Menu of alternative change options (includes identifying alternative activities such as hobbies, involving the family in treatment)
- Empathetic attitude
- Self efficacy - to encourage patients' confidence that they can make changes in their alcohol use and lifestyle

WITHDRAWAL MANAGEMENT

- Tab Diazepam (20-40mg/ day in divided doses) based on severity of withdrawals
- Monitor and titrate dose
- If patient comfortable, reduce dose of medication by 10% to 20% per day, taper within 7 to 10 days
- Thiamine 100 mg OD
- Significant liver dysfunction:
Lorazepam (2 mg)
Lorazepam equal to 5 mg Diazepam)

RELAPSE PREVENTION

(Long term goals- abstinence and socio-occupational integration)

- **Disulfiram (250 mg OD)**
Pre-requisites:
 - Motivated patient
 - Patient's written consent
 - Under supervision of family members
 - Inform patient and family about unpleasant, potentially serious reaction with even small amounts of alcohol (flushing, headache, vomiting, reduction of blood pressure, arrhythmias)
 - Ability of health personnel in the area to handle a potential reaction
- **Relapse prevention counselling:**
 - Identify cues leading to craving (like person, place, situation etc)
 - Develop strategies to deal with them effectively

INDICATIONS FOR ADMISSION

Failure of outpatient treatment	H/o withdrawal seizures/ delirium tremens	Co-morbid significant medical illness and/ or psychiatric illness	Poly-substance use
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KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

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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1.3 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	Mental and Behavioural disorders due to psychoactive substance use
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. Relevant investigations 1. Complete hemogram 2. Liver function test 3. Serum electrolytes 4. Random blood glucose	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	Mental and Behavioural disorders due to psychoactive substance use
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. Are the following investigations done? 1. Complete hemogram 2. Liver function test 3. Serum electrolytes 4. Random blood glucose	Yes
c. 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

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.