



Guidance document for PM JAY packages

Mental disorders - Organic, including symptomatic

Procedures covered/ procedure count: 1

Specialty: Mental Disorders

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Mental disorders - Organic, including symptomatic	Mental disorders - Organic, including symptomatic	M800001, M800008	MM002A	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 **Dementia** to be followed in country. For monitoring and administering the claim management process of **Mental disorders - Organic, including symptomatic**, 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

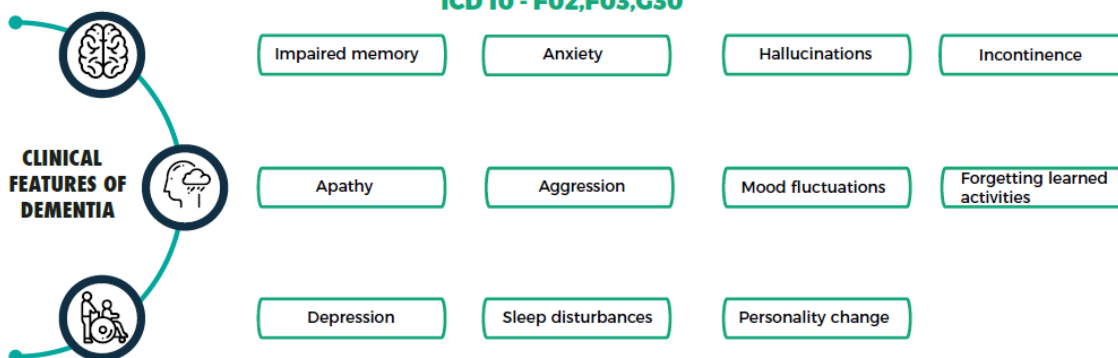
Department of Health Research
Ministry of Health and Family Welfare, Government of India

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Standard Treatment Workflow (STW) for the Management of

DEMENTIA

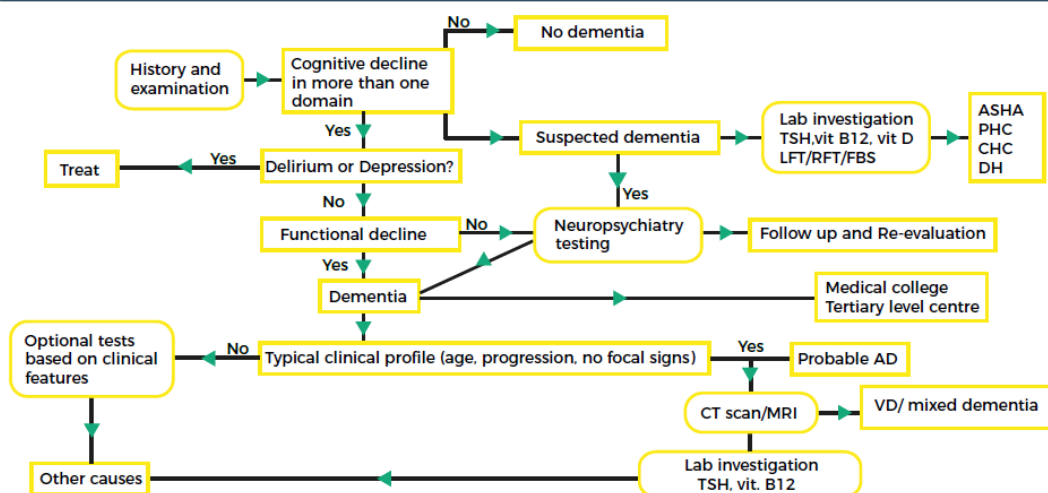
ICD 10 - F02,F03,G30



IMPORTANT POINTS TO CONSIDER

- Dementia is a complex and variable condition
- No single test will definitively diagnose dementia
- The clinical features if present, should be a change from baseline normal functioning in a middle aged to old person
- Assessment should aim at gathering information about changed behaviours, functional capacity, psychosocial support and medical comorbidities
- History should be taken from a close caregiver, staying with the patient for a longer duration than the appearance of symptoms

EVALUATION OF DEMENTIA



FOLLOW UP OF DIAGNOSED & TREATED PATIENTS INTERVENTION MATRIX FOR DEMENTIA ACROSS PLATFORMS OF CARE			
PRIMARY HEALTH CENTRE (MEDICAL OFFICER)	DISTRICT HOSPITAL (SPECIALIST- PHYSICIAN/ GERIATRIC SPECIALIST/ NEUROLOGIST/ PSYCHIATRIST)	REASONS FOR REFERRAL	
<ul style="list-style-type: none"> Diagnose dementia after detailed history Screening for: <ul style="list-style-type: none"> Treatable causes of dementia - thyroid disorders, B-12 deficiency, subdural haemorrhage. Depression. Vascular risk factors Lab investigations- CBC, biochemistry, liver function tests, haemogram, lipid profile, TFT, VDRL, vit B12 level, vit D level Referrals for MRI/CT Initiation of treatment/drugs; treatment for co-morbid conditions (including depression, vision, hearing deficits and gait problems), thyroid, arthritis. Initiate therapy for vascular risk factors Encourage healthy lifestyle Assess for palliative care Learn and share facts about dementia to provide immediate need to the person with severe dementia Follow up and monitor for side effects of drugs/ red flags in patient/ signs of danger Follow-up of difficult patients under the guidance of higher centre. 	<ul style="list-style-type: none"> All the points mentioned in PHC to be followed if patient presents to a DH Careful evaluation of all the referral patients of dementia Screening for treatable causes of dementia including normal pressure hydrocephalus, B12 deficiency, hypothyroidism, chronic meningitis Neuroimaging CT/ MRI- to rule out subdural haematoma/ tumors/ NPH (surgically remediable causes of rapid cognitive decline) Lab investigations- CBC, liver function tests, biochemistry, haemogram, lipid profile, vit D levels, TFT, VDRL, retrovirus after counselling (whenever feasible and high index of suspicion) Upward referral linkages with tertiary care and downward referral with PHC. Encouraging patient and caregiver participation in an ongoing support program for them. Avoid antipsychotics until necessary Interaction with, training of MOs at PHC/ UPHC and ongoing clinical support and supervision 	<ul style="list-style-type: none"> Not responding to adequate dose and duration of prescribed medications Presence of red flags 	<div> RED FLAGS <ul style="list-style-type: none"> Fever Rapid progression Seizures Recent head injury Alcoholism and falls </div>
MEDICATIONS RECOMMENDED FOR USE FOR ALZHIEMERS DEMENTIA			
FOR COGNITION	FOR DEPRESSION	FOR AGITATION	
<ul style="list-style-type: none"> Donepezil: 5 mg once after breakfast x 1 month, then 10 mg after breakfast to continue If any side effect/ not tolerating: Rivastigmine to be used start dose 1.5 mg BD x 1 month then 3 mg BD x 1 month, then 4.5 mg BD x 1 month, then 6 mg BD after meals only x 1 month. Memantine: in moderate to severe dementia 5 mg BD x 1 month, then 10 mg BD to continue. Galantamine: 8 mg BD if not tolerating 1 	<ul style="list-style-type: none"> Escitalopram 10 mg 	<ul style="list-style-type: none"> Identification of triggers Non pharmacological interventions 	
🏠 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.lcmr.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 disorders - Organic, including symptomatic
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. Are the following investigations done? 1. Complete hemogram 2. Thyroid function test 3. Biochemistry 4. liver function test 5. VDRL 6. Vit. D level 7. Vit. B12 level 8. Neuroimaging (CT/MRI)	Yes
c. 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 disorders - Organic, including symptomatic
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)	
d. Are the detailed treatment notes submitted?	Yes
e. Are the following investigations done? 1. Complete hemogram 2. Thyroid function test 3. Biochemistry 4. liver function test 5. VDRL 6. Vit. D level 7. Vit. B12 level 8. Neuroimaging (CT/MRI)	Yes
f. 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. 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.