

## Guidance document for processing PM-JAY packages

### Cyanotic spells

**Procedure count/ Procedures covered:** 4

**Specialty:** Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Cyanotic spells	Cyanotic spells	M200045	MP040A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Cyanotic spells	Cyanotic spells with CHD	M200045	MP040B	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Cyanotic spells	Cyanotic spells with Chest infection	M200045	MP040C	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-
Cyanotic spells	Cyanotic spells with Sepsis	M200045	MP040D	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

**ALOS:** 5 days (Once diagnosis is established the case can be booked in the relevant package, further stay/admission should be decided based on the level of complications of the disease)

**Minimum qualification of the treating doctor:**

**Essential:** MD/DNB/DCH/ equivalent (Pediatric Medicine), DM/DNB/ equivalent (Cardiology)

**Special empanelment criteria/linkage to empanelment module:** Care at Tertiary Hospital

#### Disclaimer:

For monitoring and administering the claim management process of **Cyanotic spells**, 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:

Proceed with cyanotic spells only if diagnosis made is backed by clinical manifestation:

Cyanotic spells affect infants and young children from six months to five years of age. The onset is usually between 6 and 18 months of age and is almost always before two years of age.

### Cyanotic spells

Cyanotic breath-holding spells are often precipitated by anger or frustration, usually in response to a reprimand. The child usually emits a short, loud cry, which leads to a sudden involuntary holding of the breath in forced expiration. The child becomes rigid or limp followed by a transient loss of consciousness during which child turns blue.

- Sudden collapse with cyanosis
- Voice change

### Cyanotic spells with CCHD

Peak incidence 2-4 months. Spells can last from minutes to hours. Usually occurs in morning after crying, feeding or defecation

- Sudden onset of cyanosis or deepening of cyanosis
- Sudden onset of dyspnea
- Alterations in consciousness, encompassing a spectrum from irritability to syncope
- Decrease in intensity or even disappearance of systolic murmur

Associated symptoms:

- Inconsolable crying
- Tachycardia
- Pallor
- Signs of dehydration
- Known or evidence suggesting structural heart disease



- Previous history of squatting
- Later stages may lead to gasping respiration limpness, convulsion, cerebrovascular accident or even death

### **Cyanotic spells with Chest infection**

- Respiratory distress
- Grunting/flaring
- Subcostal recession
- Suprasternal retractions

Associated symptoms:

- Expiratory wheezing
- Stridor
- Drooling
- Fever
- Whooping cough

### **Cyanotic spells with Sepsis**

- Fever
- Respiratory distress may be present
- Septic shock (ill appearing child with signs of shock - tachycardia, abnormal perfusion, weak pulses, or hypotension)

### **Diagnosis**

A detailed history is the mainstay of diagnosis. A characteristic sequence of events is usually enough to distinguish this condition from other disorders

### **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:

<b>Mandatory documents</b>	<b>Cyanotic Spell</b>	<b>Cyanotic spell with CCHD</b>	<b>Cyanotic spell with chest infection</b>	<b>Cyanotic spell with sepsis</b>
<b>Pre-auth processing Doctor (PPD)</b>				

a. Clinical notes	Yes	Yes	Yes	Yes
b. Investigations				
1. Chest X-ray	Yes	Yes	Yes	Yes (if needed)
2. Blood gas analysis	Yes	Yes	Yes (if needed)	Yes (if needed)
3. Echocardiography	Yes	Yes		
4. Complete blood count, serum ferritin, blood glucose	Yes	Yes	Yes	Yes
5. Serum Calcium	Yes			
6. Sepsis screen			Yes	Yes
7. Hyperoxia test		Yes	Yes	
8. ECG/ECHO	Yes (if no 2D ECHO)	Yes		
9. EEG	Yes			
10. Measurement of oxygen saturation / co-oximetry	Yes	Yes	Yes	Yes
c. Planned line of treatment	Yes	Yes	Yes	Yes
<b>Claims Processing Doctor (CPD)</b>				
Detailed Indoor case papers (ICPs) with treatment details	Yes	Yes	Yes	Yes
Investigations/Imaging reports	Yes	Yes	Yes	Yes
Detailed Discharge summary with follow-up advise at the time of discharge	Yes	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:**

<b>Mandatory documents</b>	<b>Cyanotic Spell</b>	<b>Cyanotic spell with CCHD</b>	<b>Cyanotic spell with chest infection</b>	<b>Cyanotic spell with sepsis</b>

<b>Pre-auth processing Doctor (PPD)</b>				
a. Clinical notes – detailed history, signs & symptoms, Admission notes showing vitals and examination findings	Yes	Yes	Yes	Yes
b. Investigations				
1. Chest X-ray	Yes	Yes	Yes	Yes (if needed)
2. Blood gas analysis	Yes	Yes	Yes (if needed)	Yes (if needed)
3. Echocardiography	Yes	Yes		
4. Complete blood count, serum ferritin, blood glucose	Yes	Yes	Yes	Yes
5. Serum Calcium	Yes			
6. Sepsis screen			Yes	Yes
7. Hyperoxia test		Yes	Yes	
8. ECG/ECHO	Yes (if no 2D ECHO)	Yes		
9. EEG	Yes			
10. Measurement of oxygen saturation / co-oximetry	Yes	Yes	Yes	Yes
c. Planned line of treatment	Yes	Yes	Yes	Yes
<b>Claims Processing Doctor (CPD)</b>				
Detailed ICPs with detailed line of treatment	Yes	Yes	Yes	Yes
All investigation reports	Yes	Yes	Yes	Yes
Detailed Discharge summary with follow-up advise at the time of discharge	Yes	Yes	Yes	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:**



### Cyanotic spell with sepsis

- I. Did the patient have sudden spells of bluish discoloration of skin, breathlessness precipitated by fever, anemia, anxiety, sepsis (with any focus of infection)? Yes

### Cyanotic spell with CCHD

- II. Did 2 D Echo / Doppler confirm congenital heart disease? Yes

### Cyanotic spell with Chest infection

- III. Was Chest X-ray along with clinical presentation suggestive lung infection? Yes

### Cyanotic Spells

- IV. Is the age of onset and precipitating factors like frustration/anger/fear documented? Yes
- V. Is there a h/o of sudden choking, hoarseness of voice, limpness? Yes

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

### References

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6. <https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Cyanotic%20Spells%20UHL%20Childrens%20Hospital%20Guideline.pdf>
7. Zulfikar A, et al., Approach to infants and children with Cyanotic Congenital Heart Disease. *Kerala Heart J* 2015; 5 (2):30-35.  
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