



## Guidance document for processing PM-JAY packages

### Bronchiectasis

Procedures covered: 1

Specialty: General Medicine

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Bronchiectasis	Bronchiectasis	New Package	MG027A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

**ALOS (days):** 3-5 Days

**Minimum qualification of the treating doctor:**

**Essential:** MBBS

**Desirable:** MD/DNB equivalent in General Medicine

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

#### Disclaimer:

For monitoring and administering the claim management process of **Bronchiectasis** for 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:** Bronchiectasis is an uncommon respiratory condition most often results in infectious process and abnormal and permanent distortion of one or more of the conducting bronchi or airways.

- a. Presence of chronic coughing



- b. Coughing up mucus that has blood in it (hemoptysis)
- c. Chest pain or tightness because it is harder to breathe
- d. Wheezing or making whistling noises when breathing
- e. Clubbing of nails
- f. Loss of weight

**Diagnosis:** Usually chest radiography is sufficient for confirmation, High resolution CT is also one of the standard tests for diagnosis.

#### 1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory document	Bronchiectasis
<b>i. At the time of Pre-authorisation</b>	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Chest X ray/CT report	Yes
c. CBC, Blood Sugar (Fasting, PP and Random) reports	Yes
d. Lung function test report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Post treatment Chest X ray report	Yes
c. Post treatment lung function test report	Yes
d. CBC, Blood Sugar (Fasting, PP and Random)	Yes
e. Detailed discharge summary	Yes

#### **PART II: GUIDELINES FOR PROCESSING TEAM**

#### **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. Was the X ray / CT scan report suggestive of patient having evidence of Bronchiectasis?  
Yes



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

**References:**

1. <https://emedicine.medscape.com/article/296961-overview>
2. Tiddens HA. Chest computed tomography scans should be considered as a routine investigation in cystic fibrosis. Paediatr Respir Rev. 2006 Sep. 7(3):202-8.
3. Smith IE, Flower CD. Review article: imaging in bronchiectasis. Br J Radiol. 1996 Jul. 69(823):589-93.