

Guidance document for processing PM-JAY packages

Epilepsy/ Seizures

Packages covered/ package count: 8

Specialties: General Medicine/ Pediatric Medical Management/ Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Seizures	Seizures	M100030	MG046A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Status epilepticus	Status epilepticus	M100065, M200091	MG047A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Febrile seizures / other seizures	Febrile seizures	M200009	MP001A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Febrile seizures / other seizures	Flury of seizures	New Package	MP001B	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Febrile seizures / other seizures	Neurocysticercosis	M200050	MP001C	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Febrile seizures / other seizures	Epilepsy	New Package	MP001D	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Ketogenic diet initiation in refractory epilepsy	Ketogenic diet initiation in refractory epilepsy	M200059	MP046A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-	5-7 days
Epilepsy Surgery	Epilepsy Surgery	S800078	SN012A	50,000	10 days

Minimum qualification of the treating doctor:



Essential: MBBS (except for Epilepsy surgery); Epilepsy surgery- MS/ M.Ch./ equivalent (in Neurosurgery)

Desirable: MD/DNB Medicine or MD/DNB Neurology or MD/DNB Pediatrics or equivalent (except for Epilepsy surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

ICMR has issued clinical guidelines for Management of **Epilepsy** to be followed in country. For monitoring and administering the claim management process of **Status epilepticus, Ketogenic diet initiation in refractory epilepsy, Epilepsy Surgery, Seizures, Febrile seizures / other seizures**, 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 document 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 Epilepsy only if diagnosis made is backed by clinical signs, symptoms,
 1. H/o unremitting convulsions, seizures
 2. Abnormal jerky movement
 3. Difficulty in breathing
 4. Urinary incontinence
 5. Loss of consciousness / awareness
 6. Altered sensorium

7. Vomiting
8. Prolonged motor convulsion of >5 mins with loss of consciousness

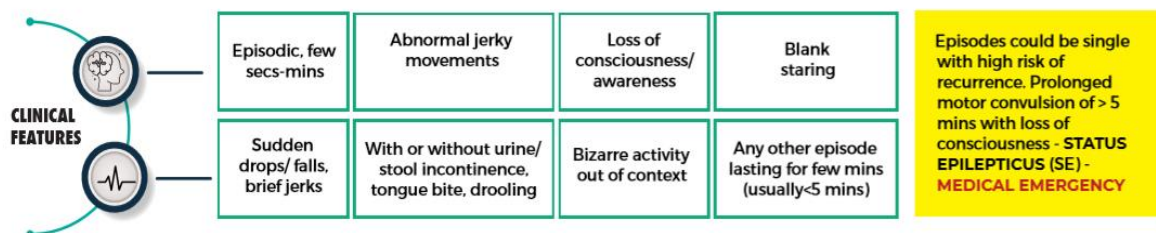
1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)ⁱ- For clinicians/ treating doctor

October/ 2019

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



Standard Treatment Workflow (STW) for the Management of EPILEPSY ICD 10 - G40

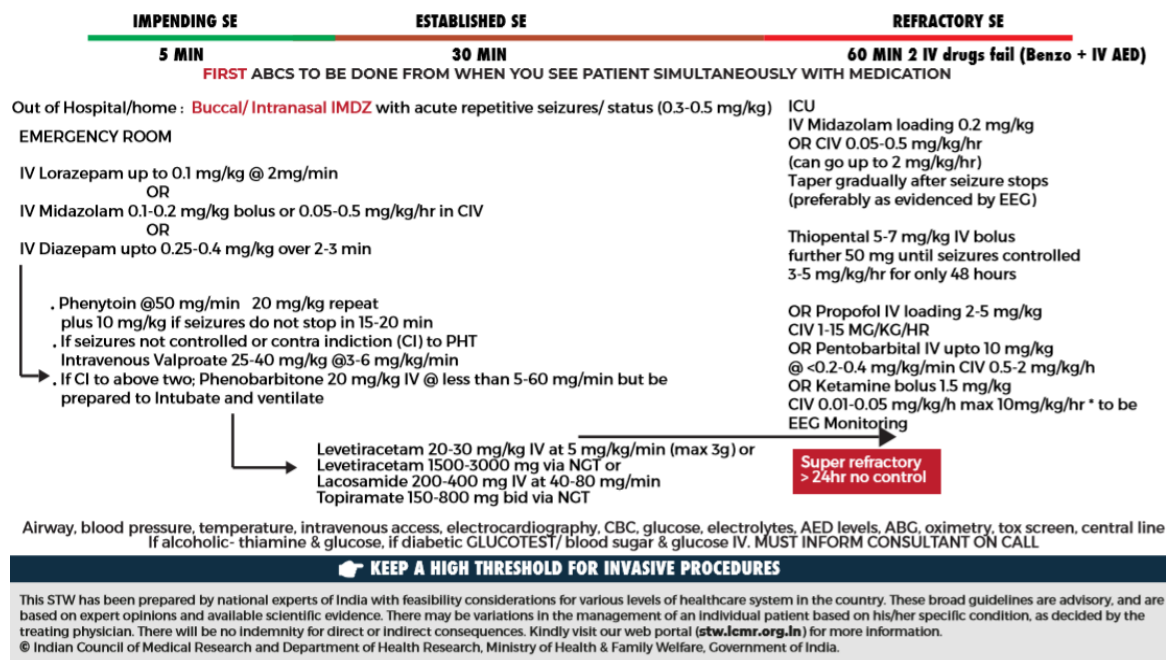


PRIMARY HEALTH CENTRE (MEDICAL OFFICER)	REASONS FOR REFERRAL	DISTRICT HOSPITALS
<ul style="list-style-type: none"> Clinical diagnosis of epilepsy: detailed history from an eyewitness Differentiate between provoked seizures and epilepsy (provoked due to fever, acute CNS insult, antibiotics, and metabolic causes) Laboratory investigations: CBC, liver function tests, routine biochemistry, haemogram, lipid profile, vit D levels, TFT (whichever feasible) Initiation of treatment: <ul style="list-style-type: none"> Treat the patient if patient has epilepsy (2 or more episodes of unprovoked seizures) Treat a single seizure if risk of recurrence is high as in patients with focal seizures, mentally retarded, neurological deficits having family history of seizures abnormal EEG, neuroimaging Anti Epileptic Drug (AED broad spectrum, low dose, start low go slow, except status epilepticus) Emergency medical care of status epilepticus Treatment counselling: side effects/ toxicities of drugs, red flags, importance of adherence, maintaining treatment diary Advice on prevention of seizures: regular medication, sleep 7-8 hrs, avoid excess TV/mobile/ photic stimulation, regular diet, lifestyle choices (avoid alcohol) Evaluate any possibility of superimposed non-epileptic seizure Training of MLP/ANM/ASHA on epilepsy For excessive alcohol use, refer to ANM/MLP where psychosocial interventions are carried out for substance use disorders Follow up visits for treatment monitoring & difficult patients under neurologist at STC centre Basic management of co-morbidities (behaviour, cognition, reproductive health, bone health) Alert to signs of abuse and neglect Maintain upward referrals with paediatrician/physician at DH 	<p>(centres with specialists like paediatrician, neurologist)</p> <ul style="list-style-type: none"> Red flag Signs Progressive problems, rapid appearance of new symptoms Recent injury Symptoms appearing after alcohol binge Status epilepticus after stabilization Non response to adequate dose and duration of medication Serious side effects Neuroimaging 	<ul style="list-style-type: none"> Careful evaluation of all referral patients, provide specialized management for patients and refer back to PHC for follow up of management Maintain communication, ongoing clinical support and supervision of MOs at PHC Laboratory investigation <ul style="list-style-type: none"> CBC, liver function tests, antiepileptic drug levels, routine biochemistry, haemogram, lipid profile, vit D levels, TFT, CT brain (when necessary) Monitor side effects of AED Clinical Psychologist: counselling health services for persons with epilepsy or upon referral from PHC/ UPHC

RED FLAG SIGNS

- Fever
- Headache
- Vomiting
- Altered Sensorium
- Severe Ciddiness
- Loss of function of body

AED- BROAD SPECTRUM (GENERALIZED SEIZURES)	DOSE (MAINTENANCE: MG/D)	ADVERSE EFFECTS
Sodium Valproate (avoid in women of child bearing age unless non responsive to other drugs)	Starting dose :200mg TDS Maintenance Dose: 600-2400	Anorexia, wt gain, nausea, vomiting, tremors, hair loss, PCOS, thrombocytopenia
Lamotrigine	Starting dose: 25mg HS (Lower dose with VPA) Maintenance Dose: 100-300	Sedation, ataxia, dizziness, skin rash, SJS (lower risk with slow titration)
Levetiracetam	Starting dose: 250mg BD Maintenance Dose: 1000-3000	Somnolence, dizziness, cognitive slowing, psychosis
Topiramate	Starting dose: 25mg OD Maintenance Dose: 100-400	Sedation, somnolence, cognitive problems, weight loss, word finding difficulty, renal stones, seizure worsening
AED (focal seizures)		
Carbamazepine	Starting dose: 100mg BD Maintenance dose: 400-1200	Sedation, dizziness, ataxia, skin rash, SJS, hyponatremia, seizure worsening in some situations
Oxcarbazepine	Starting dose: 150mg BD Maintenance dose: 600 to 1800	Sedation, dizziness, ataxia, headache, hyponatremia, skin rash
Phenobarbitone Can be used for generalized also	Starting dose: 30mg HS Maintenance dose: 60-180	Sedation, ataxia, depression, memory problems, hyperactivity in children, skin rash
Phenytoin	Starting dose: 200mg HS Maintenance dose:200-400	Ataxia, sedation, gum hyperplasia, coarsening of facial features, hirsutism, memory problems, osteomalacia & bone loss, skin rash
Folic Acid 5 mg/day to be added along with AEDs in all women of child bearing age. Polytherapy and valproate to be avoided in women with epilepsy		



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	Seizures	Status epilepticus	Febrile seizures / other seizures	Ketogenic diet initiation in refractory epilepsy	Epilepsy Surgery
i. At the time of Pre-authorisation					
a. Clinical notes (specifying history such as h/o Fall, Clenched teeth, Kidney failure, Liver failure, Encephalitis, Alcohol or drug abuse, if present)	Yes	Yes	Yes	Yes	Yes
b. CT/MRI/EEG	No	No	No	No	Yes
c. Blood tests to rule out metabolic causes of seizure – CBC, Electrolytes, ESR	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission					
a. Clinical Notes (specifying history such as h/o Fall, Clenched teeth, Kidney failure, Liver failure, Encephalitis, Alcohol or drug abuse, if present)	Yes	Yes	Yes	Yes	Yes
b. CT/MRI/EEG (can be combined with point e.)	Yes	Yes	Yes	Yes	Yes
c. Operative/ procedures notes	NA	NA	NA	NA	Yes
d. Discharge summary	Yes	Yes	Yes	Yes	Yes
e. Any other investigation reports (specify the investigations)	Yes	Yes	Yes	Yes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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 At the time of Pre-authorisation- For PPD

Mandatory document	Seizures	Status epilepticus	Febrile seizures / other seizures	Ketogenic diet initiation in refractory epilepsy	Epilepsy Surgery
a. Clinical notes (specifying history such as h/o Fall, Clenched teeth, Kidney failure, Liver failure, Encephalitis, Alcohol or drug abuse, if present)	Yes	Yes	Yes	Yes	Yes
b. CT/MRI/EEG	No	No	No	No	Yes
c. Blood tests to rule out metabolic causes of seizure – CBC, Electrolytes, ESR	Yes	Yes	Yes	Yes	Yes

2.2.2 At the time of Claims processing- For Claims processing doctors (CPD):

- I. Does CT / MRI brain show any pathology? Yes
- II. Did EEG show any abnormality? Yes
- III. Did the patient have past h/o epilepsy, head injury related seizures, any other medical illness? Yes
- IV. Have Metabolic causes of seizure been ruled out? Yes

PART III: GUIDELINES FOR IT

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. CT/MRI/EEG show any abnormality- Yes
- II. h/o epilepsy/ head injury/ any other medical illness- Yes

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

^[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.