



Guidance document for processing PM-JAY packages

Epistaxis

Packages covered/ package count: 1

Specialty: ENT

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Epistaxis treatment - packing	New Package	SL007A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

Average Length of Stay (ALOS): 2 days

Minimum qualification of the treating doctor:

Essential: MBBS **Desirable:** PG Diploma/ M.S. /DNB/ equivalent (in ENT)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

ICMR has issued clinical guidelines for 'Epistaxis' to be followed in country. For monitoring and administering the claim management process of 'Epistaxis treatment – packing', 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 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:

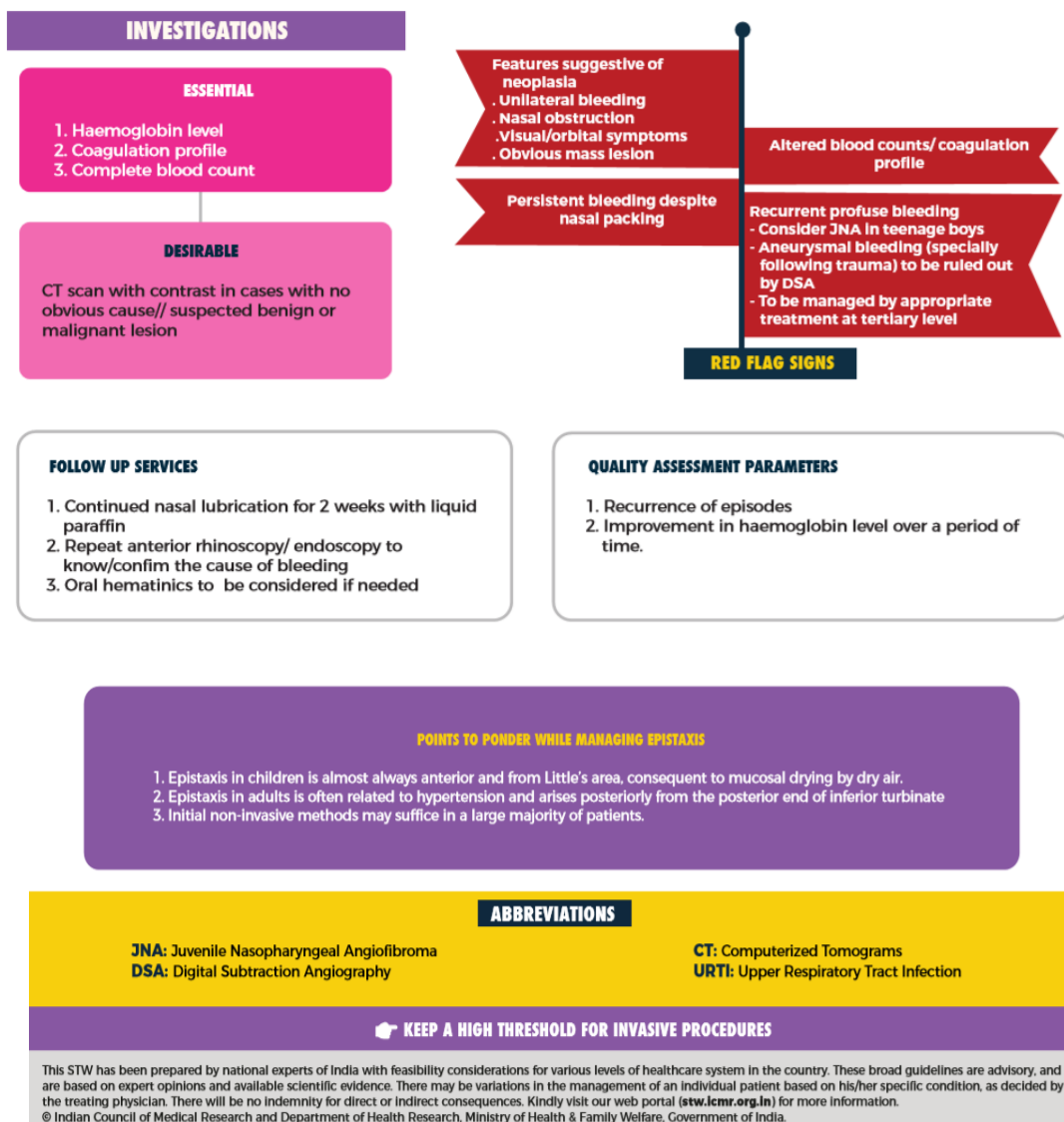
- The diagnosis made should be backed by clinical &/or investigation findings and all required reports shall be uploaded
- Look for Red Flag signs, if any such as:

- Features suggestive of neoplasia
- Persistent bleeding despite nasal packing
- Altered blood counts/ coagulation profile
- Recurrent profuse bleeding (to be managed at Tertiary level)

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

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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
i. At the time of Pre-authorisation
This is an Emergency procedure and all the pre-auth documents to be submitted within 24 hours after the procedure has been initiated:
a. Clinical notes clearly indicating symptoms and signs
b. Lab investigations (Complete Blood count, Haemoglobin, Coagulation profile)
c. Report of local examination by anterior rhinoscopy/ endoscopy identifying the source of bleeding available
ii. At the time of claim submission
a. Indoor case papers available indicating <ul style="list-style-type: none"> i. Signs & symptoms ii. Physical & local examination iii. Investigations performed iv. Screening for coagulation disorders/ anticoagulation medications/ hematological malignancies v. Appropriate treatment given based on the cause of bleeding
b. Clinical photograph of patient and the affected part
c. Discharge Summary with appropriate discharge advise

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:

1. Local examination by anterior rhinoscopy/ endoscopy done? Yes
2. Screening for coagulation disorders/ anticoagulation medications/ hematological malignancies done? 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.