

Guidance document for processing PM-JAY packages

Intracranial hemorrhage

Procedures covered: 1

Specialty: Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Intracranial hemorrhage	Intracranial hemorrhage	M200093	MP009A	Routine Ward - 1800 HDU - 2700 ICU (without Ventilator) - 3600 ICU (with Ventilator) - 4500

ALOS: 10 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 (Neurology), MCh/DNB/ equivalent (Neurosurgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Intracranial hemorrhage**, 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:



Intracranial hemorrhage (ICH) refers to any bleeding within the intracranial vault, including the brain parenchyma and surrounding meningeal spaces. Intracranial hemorrhage may be confined to one anatomic area of the brain, such as the subdural, subarachnoid, periventricular, intraventricular, intraparenchymal, or cerebellar region.

Proceed with ICH only if diagnosis made is backed by clinical manifestations:

Clinical presentations vary according to location, cause, and rate of bleeding.

The common presenting symptoms:

- Headache
- convulsions
- progressive altered sensorium
- periorbital swelling / easy bruising
- ear bleed
- epistaxis
- swelling on head
- Facial / scalp injuries
- definitely requiring neurosurgeon consultation
- prolonged admission may be needed

Associated symptoms:

- Excessive cry and irritability
- Vomiting
- Anemia
- Ataxia
- acute onset neuro deficits
- Respiratory distress in newborn
- Hypotonia in floppy infants
- Hypovolemic shock
- Respiratory failure
- Hypertensive emergencies
- Coma
- Status epilepticus
- Hydrocephalus
- new-onset epilepsy of any type
- macrocephaly
- jitteriness

Non traumatic ICH

Acute hemorrhages may feature instantaneous or thunderclap headache, loss of consciousness, and nuchal rigidity in addition to focal neurologic deficits and seizures.

Age < 6 years	Age ≥ 6 years
• Mental status changes	• Headache
• Convulsions	• Mental status changes
• Vomiting	• Focal neurological deficits
• Respiratory distress	• Nausea or vomiting
• Decreased movement/weakness	• Convulsions
	• Dysphasia, fever, dizziness, stomach/neck/ear pain, bradycardia, respiratory arrest, abnormal gait

Traumatic ICH

- Symptoms include headache, vomiting, Lethargy, loss of muscle tone, decreased consciousness and seizures, apnea
- Onset over minutes to hours - Progressive neurologic deficits
- Onset over hours - Focal neurologic deficits
- Onset over weeks to months – anemia, macrocephaly, seizures, vomiting
- Depressed consciousness, focal neurologic deficits
- Stiff neck, worst headache of life, late hydrocephalus

Investigations:

- CT – type of bleed
- MRI/MRA – vessel responsible / Etiology
- EEG – Seizure management

Management:

ICH Score

- ❖ <5 = Medical Management
- ❖ 5-10 = Active Management
- ❖ >10 = Surgical Management

- Medical management (Advanced trauma life support (ATLS)/ Care of Critically ill Surgical Patient (CCrISP) protocol)

- Stabilize the patient
 - Maintain airway – if poor Glasgow coma scale (GCS) – endotracheal intubation
 - Breathing - Ventilate
 - Circulation – Mean arterial pressure (MAP) should be maintained <130 but >65 mmHg
- Mannitol should be administered to decrease the intracranial pressure only if there is no active bleeding
- Euvolemia should be maintained
- Avoid hyperthermia
- Correct coagulopathy – administer Vitamin k or transfuse fresh frozen plasma/platelets
- Fosphenytoin prophylaxis – to control seizures

In case of signs of herniation transfer to Neurosurgeons for surgical interventions

- Surgical management
 - Age based critical volume of ICH beyond which surgery evacuation is indicated
 - Stereotactic aspiration with thrombolytic agent
 - Craniotomy/craniectomy

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	Intracranial hemorrhage
i. At the time of Pre-authorization	
Clinical notes showing vitals, examination findings, planned line of treatment & advice for admission	Yes
Glasgow coma scale findings and examination findings	Yes
Cranial ultrasonography/CT/MRI Brain	Yes
Electroencephalography (optional)	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Improved Glasgow coma scale score	Yes
Cranial ultrasonography/CT/MRI Brain	Yes
Detailed Operative/Procedures notes (optional)	Yes

Detailed discharge summary	Yes
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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 documents	Intracranial hemorrhage
Pre-auth processing Doctor (PPD)	
Clinical notes – detailed history, signs & symptoms, detailed treatment line	Yes
The Glasgow Coma Scale score monitoring	Yes
Electroencephalography (optional)	Yes
Cranial ultrasonography/CT/MRI Brain	Yes
Claims Processing Doctor (CPD)	
Detailed ICPs with detailed line of treatment	Yes
Glasgow coma scale on daily basis	Yes
Detailed Operative/Procedures notes (optional)	Yes
Cranial ultrasonography/CT/MRI Brain	Yes
Detailed Discharge summary with follow-up advise at the time of discharge	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:

- I. Is there a h/o of presentation with severe headache, convulsions, progressive altered sensorium, periorbital swelling or easy bruising? Yes
- II. Was Cranial ultrasonography/CT/MRI brain reports submitted? Yes

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

References

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