

Aarogyasri Health Care Trust

(A GoAP Trust)

AHCT/P&C/Guidelines/2014,dt. 01.03.2014

Guidelines for Pediatric, Neonatal & PICU Packages

Trust discussed the queries raised in the field and by the Network Hospitals, in regard with Pediatric Cases, Neonatal & PICU Packages with the Trust panel doctors and obtained inputs and prepared the Comprehensive Guidelines for Pediatric Cases, Neonatal & PICU Packages under Aarogyasri Scheme.

➤ **Severe RD with Ventilator supported patients (Ex: M4.1.11) is for very sick born babies.**

- a) HMD in the X-ray cases - Respiratory distress with ventilator support should be applied under M4.1.7, if there is no evidence of HMD in X-Ray, no improvement seen in post surfactant therapy in the X-Ray the package amount would be reduced by 10,000/- to 20,000/- depending on length of stay and outcomes. For which NWH has to produce WebEx video recording and Repository rate in case sheet at claims.
- b) The X-Ray for HMD is very relevant evidence. If the total claim amount has to be paid. X-Ray finding for HMD are ground glass appearance/retenogranular pattern. The panel doctors are advised for creation of separate package terming it as "Respiratory Distress Syndrome (RDS)".

➤ **Septicemia, septic shock and patient on ventilation (Ex: M4.1.18) patient having culture negative report.**

For septic shock term baby culture positive sepsis and septic shock there needs to be clear evidence for the focus of sepsis either CSF analysis or X-Ray chest etc. If the baby does not have culture positive sepsis it is advisable to raise the package under M4.1.15.. If there is culture positive sepsis without renal failure and without septic shock it is advisable to raise under M4.1.1. For case which Land up in shock without clinical sepsis.. Eg. Hypovolenic shock. There is not specific package. All such cases will be examined and approved on case to case basis.

➤ **CT scan, 2D echo asking for ventilator support cases, which cannot be moved and difficult to do, in the following codes (Ex codes: M4.1.11, M4.1.12, M4.1.13, M4.1.14 etc).**

- (a) M4.1.16, M4.1.14, and M4.1.13. These three packages require either NSG or CT scan for neurological assessment. Cases where not being rejected at Pre-auth level due to lack of CT scan/NSG but it is mandatory to have NSG for claim settlement. Having a CT scan is desirable. If CT scan is present full claim will be approved. If not 3000/-will be deducted. For above three packages 2D Echo is not necessary either in Pre-auth or in claims.
- (b) For M4.1.9, M4.1.10, M4.1.11, M4.1.12 CT scan not at all necessary either in Preauth or in claims. The two mandatory investigations are D Echo and NSG. If 2D Echo is not possible during ventilator at least X-Ray to visualize for objective evidence for PDS/CHD.

- **We are not giving approval for ventilator support cases of 35 & 36 weeks gestational age those also classified as pre term group, requesting to consider all babies who are having less than 36 weeks as pre term while preauthorization approval.(no specific age should be mentioned for approving the pre authorization).**

Cases are not being rejected based on gestational age. 35 to 36 weeks usually treated as pre term and cases are being examined and approved for claims based on objective evidence for clinical findings.

- **Investigation on availability in District Head quarters like BERA (paediatrics), Serum Ammonia (Gastroenterology group) kept pending, requesting for approval with District Coordinator clinical evidence report.**

- (a) BERA is not a mandatory investigation, to be done at discharge as mentioned for M4.1.18, M4.1.14 and M4.1.13.
- (b) Serum Ammonia is mandatory for only M4.2.4.3 which PICO case and serum ammonia is being asked as a claim attachment. Blood ammonia has been asked as a claim attachment as for M4.1.16 which is not necessary.

- **Medical cases**

- Indicative stays are given in the manual for each therapy. Hospitals shall treat the patient till he / she is fit for discharge irrespective of length of stay. They can discharge the patient early if they are recovered. Enhancements are allowed only in extremely rare cases of prolonged stay. In order to facilitate timely discharge of patients who recovered before indicative stay, the following claim guidelines will be followed.

- i. In case of LOS beyond 50%, 100% package amount will be paid.
- ii. In case of LOS less than 50%, 75% of package amount will be paid.

iii. In case of few days / hours of stay, claim settlement will be based on per day cost of service centre. The rates are as follows.

- a. General ward : Rs.900/- per day.
- b. ICU without ventilator : Rs.3500/- per day.
- c. ICU with ventilator : Rs.5000/- per day.

➤ **Disallowances on account of death**

Medical cases

In case of death within few days / hours, claim settlement will be based on per day cost of service centre as given in SSR

➤ **Neonatal packages/picu packages :-**

The package depends on

- 1) The Gestational age at admission and the viability of the baby at discharge.
- 2) The treatment given as per protocol during the stay in the hospital after admission.

For example

< 32 weeks babies definitely need

- 1) Ventilator
- 2) Surfactant
- 3) Antibiotics
- 4) Caffeine/Sidanfil
- 5) Phototherapy treatment given
- 6) Any other special treatment given.

32-34 weeks

- 1) Need Surfactant or high frequency O2
- 2) Higher Antibiotics

34-36 weeks

No surfactant

No ventilator if need then exception case.

3) Period of Stay

The Discharge age or corrected Gestational age should be > 36 weeks with 2 to 2.5 kg weight.

< 32 weeks – 6 Weeks stay (M4.1.7, M4.1.8, M4.1.10 and M4.1.11)

32-34 weeks – 4 to 5 weeks stay (M4.1.2, M4.1.3, M4.1.5, M4.1.6, and M4.1.9)

34- 36 weeks – 3-4 weeks stay (M4.1.4)

If the stay is more or baby needs NICU treatment more than the stipulated period mentioned than the enhancement can be raised. At the time of claims proper case sheet with treatment protocol and complete post treatment documentation in standard way.

➤ PICU packages

The package should again depend on nature of the disease.

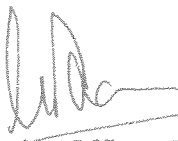
- 1) Broncho pneumonia – 10 days antibiotics must so stay for 10-12 days.
- 2) Lobar pneumonia/pl.effusion/Emphysema- 2 weeks antibiotics. so stay is 15 days.
- 3) Pyogenic meningitis – 14 days antibiotics so stay- 18 days.
- 4) Meningo encephalitis – 10 days antiviral. So stay 15 days.
- 5) Epilepsy/Convulsive disorders – 10 day stay must for titrating the doses.
- 6) And like that pyelonephritis/UTI
- 7) Diabetic ketoacidosis – 15 days – 10 days to control and 5 days for observation.
- 8) Any baby more than 4 days cannot be taken under perinatal asphyxia.
- 9) In convulsive disorders CSF analysis is must in case of CT normal, otherwise will be missing meningitis.
- 10) In anemia code HB electrophoresis must to catch haemolytic anaemias.
- 11) In Broncho pneumonia code unless there is evidence in X-ray very clearly, should not be approved. On this is basic document and to be supported by WebEx.
- 12) In pyogenic meningitis-CSF has to be positive in form ofcell count neutrophils positive and if possible CSF or blood CS positive.
- 13) Enteric fever complicated is coming up to the claim level without any pre-auth documentation.

Trust panel doctors have also specified to advise the NWH with regard to the package to be raised in the pending remarks and also stressed the need for designing the packages based on gestational age, complications, Co morbidities, length of the stay, treatment parse. They opined that the present packages created a battle neck for the entry of neonates with diagnosis such as meconium aspiration syndrome, Respiratory Distress Syndrome (RDS), RDS with oxygen therapy, without ventilation.

So, the packages are entirely different and cannot be compared with adult medical packages as mentioned in above Medical cases.

All the Network Hospitals are requested to follow the above guidelines.

(This has got the approval of CEO, AHCT.)


Executive Officer (P&C) i/c. 1/3 -

To,

All the MDs/CMDs/CEOs of Network Hospitals

Copy to :

All the HoDs of Trust.

GM(PMU) with a request to upload in the website.

GM (FO) with a request to circulate among the field staff.

P.S. to CEO, AHCT.