

**No: S-12015/20/2020-NHA(HN&QA)**  
**Government of India**  
**National Health Authority**

**OFFICE MEMORANDUM**

**Subject:** Testing and treatment for COVID-19 under Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana

In view of ongoing pandemic of COVID-19, National Health Authority hereby notifies the following packages:

- A. Testing for COVID-19
- B. Treatment for COVID-19

**A. Testing for COVID-19**

1. The package for “Test for COVID-19” can be availed in the empanelled hospitals. The type(s) and rate(s) of tests shall be as decided by ICMR from time to time.
2. Empanelled hospitals may enter into an arrangement with any authorised private lab for this purpose.
3. All guidelines and protocols issued by MoHFW, ICMR and State Governments for testing including those for collection, transport, storage and all other steps involved in the testing shall be followed by the hospitals and labs.

**B. Treatment for COVID-19**

1. Currently the following packages are already available under AB PM-JAY

<b>HBP 1.0 Package code</b>	<b>HBP 2.0 Package code</b>	<b>Package name</b>
M100011	MG001	Acute febrile illness
M100026, M200014	MG026	Pyrexia of unknown origin
M100019, M200003	MG016	Pneumonia

HBP 1.0 Package code	HBP 2.0 Package code	Package name
M100047, M200065	MG017	Severe pneumonia
M100067, M200088	MG040	Respiratory failure due to any cause (pneumonia, asthma, COPD, ARDS, foreign body, poisoning, head injury etc.)
M100044	MG040C	Type 1/2 respiratory failure

Apart from the above list, other packages can be invoked by hospitals as per clinical condition of the patient.

2. In case of highly infectious illnesses like COVID-19, there are additional requirement like isolation of cases and PPE for healthcare workers. Various states are likely to adopt different strategies to utilise services of private hospitals. Therefore, the additional cost that may be required for isolation and treatment may be decided by the state. Suitable changes shall be made in the Transaction Management System.

3. All guidelines and protocols issued by MoHFW, ICMR and State Governments for treatment shall be followed by the hospitals.

Necessary changes in the IT system are being made to operationalise these packages. Till the time these changes are made, if need be, the SHA may start giving pre-authorizations manually. SHAs are also advised to fast track the process of empanelment of additional hospitals, if required.

Dated: 4<sup>th</sup> April, 2020

(Dr. Arun Gupta)

Executive Director, HN&QA



No. S-12015/20/2020-NHA(HN&QA)  
Government of India  
National Health Authority

OFFICE MEMORANDUM

**Sub: Testing and treatment for COVID-19 under Ayushman Bharat Pradhan Mantri Jan Aarogya Yojna.**

With reference to the OM of even number dated 4<sup>th</sup> April 2020, it is further clarified that.


1. For testing, payment shall be made in the following circumstances:
  - a. Public hospitals having tie up with private labs.
  - b. Private hospitals doing testing

Note: No payment shall be made to public hospitals utilising their own or other public testing facility

2. For treatment, payment shall be made to both public and private hospitals at the rate decided by the respective state government.

It may also be noted that the payment for PM-JAY beneficiaries shall be made by the National Health Authority as per the current mechanism of sharing the financial burden.

Dated: April 8, 2020

  
(Dr Arun Gupta) 8.4.2020  
Executive Director  
HN&QA



OFFICE MEMORANDUM

**Sub: Mandatory COVID-19 testing of SARI cases under AB PM-JAY**

The Packages for 'Testing for COVID-19' have been made live in TMS.

In view of the ongoing Pandemic of COVID-19, it is imperative that the system starts capturing the COVID-19 status of the individuals who are likely to be suffering from the infection. The WHO global influenza surveillance standards define the surveillance case definitions<sup>i</sup> for influenza-like illness (ILI) and severe acute respiratory infections (SARI) as follows:

**ILI** is an acute respiratory infection with: Measured fever of  $\geq 38\text{ C}^\circ$  and cough; with onset within the last 10 days.

**SARI** is an acute respiratory infection with: History of fever or measured fever of  $\geq 38\text{ C}^\circ$ ; and cough; with onset within the last 10 days; and requires hospitalization.

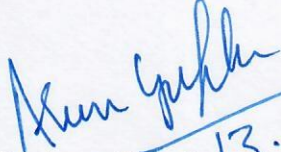
**Since ILI cases do not require hospitalisation, they are unlikely to seek treatment under AB PM-JAY**, however PM-JAY beneficiaries having SARI may be getting admitted under AB PM-JAY. It is an opportunity to test the infection status of these patients. Hence, till the time pandemic is going on, testing for COVID-19 is made mandatory under AB PM-JAY for any case getting admitted for following packages:

- Pneumonia
- Severe Pneumonia
- Respiratory Failure due to any cause
- Type 1/2 Respiratory Failure
- Any other package which may fit into the latest guidelines of ICMR/MoHFW/State Government issued from time to time on the subject of 'whom to test'.

SHAs are requested to identify packages in their respective state specific package list which may fit into the definition of SARI and make the 'Testing for COVID-19' mandatory for them. Claims for such packages may not be paid by SHAs unless these COVID-19 testing is done wherever indicated. If any such packages are identified by SHA the list may be communicated to NHA so that necessary IT changes can be made. NHA shall be reviewing and keeping watch on utilization of the 'Testing for COVID-19' package in all states/UTs.

Copy of latest guidelines of ICMR, dated 9th April 2020 is enclosed (as annex-1). SHAs and EHCPs are requested to keep themselves informed about guidelines by regularly visiting websites of MOHFW and ICMR.

Dated: 13.04.2020  
Encl: As above

  
13.4.2020  
(Dr. Arun Gupta)  
Executive Director  
HN & QA



**INDIAN COUNCIL OF MEDICAL RESEARCH  
DEPARTMENT OF HEALTH RESEARCH**

**Strategy for COVID19 testing in India (Version 4, dated 09/04/2020)**

1. All symptomatic individuals who have undertaken international travel in the last 14 days
2. All symptomatic contacts of laboratory confirmed cases
3. All symptomatic health care workers
4. All patients with Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath)
5. Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact

**In hotspots/cluster (as per MoHFW) and in large migration gatherings/evacuees centres**

6. All symptomatic ILI (fever, cough, sore throat, runny nose)
  - a. Within 7 days of illness – rRT-PCR
  - b. After 7 days of illness – Antibody test (If negative, confirmed by rRT-PCR)