Guidance document for processing PM-JAY packages

Sickle cell Anemia

Procedures covered: 1 **Specialty: General Medicine, Pediatric Medical Management**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Sickle cell Anemia	Sickle cell Anemia	M100042	MG065A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (days): 3-5 days
Minimum qualification of the treating doctor:
Desirable: MBBS
Essential: MD / DNB/equivalent (in General medicine, Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: None
Disclaimer:
For monitoring and administering the claim management process of **Sickle cell Anemia** for 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:

Proceed with **Sickle cell Anemia** only if diagnosis made is backed by clinical manifestation:

Sickle cell Anemia is a genetic disorder that results in the formation of sickled red blood cells (RBCs). The process is further aggravated by abnormal interactions of these RBCs with leukocytes,

platelets, vascular endothelium, and clotting factors thus causing acute and chronic complications.

Common symptoms:

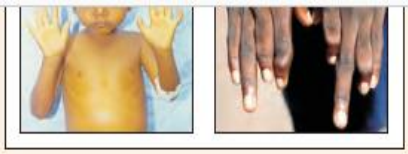
- Yellowish color of the skin
- Whites of the eyes, known as icterus
- Fatigue or fussiness from anemia
- Painful swelling of the hands and feet
- bedwetting, from associated kidney problems
- pain in the chest, back, arms, or legs
- Delayed growth or puberty
- Vision problems

Complications:

- Stroke
- Acute chest syndrome
- Kidney disease
- Venous Thromboembolism

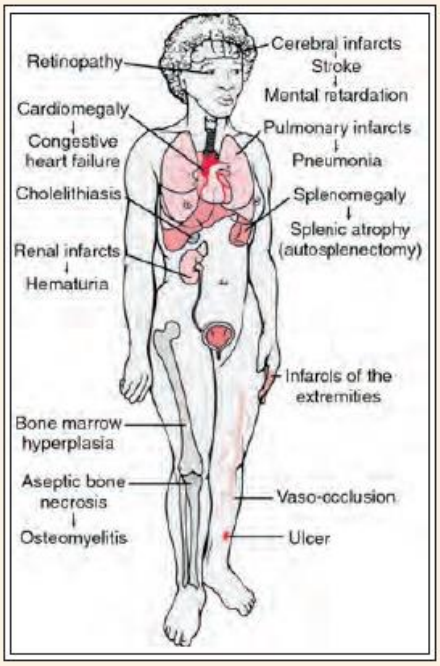
Major Clinical Menifestations

1. Anemia
2. Sicle Cell Crisis
    a. Acute Painful Episodes
    b. Abdominal Pain Crisis
    c. Splenic Sequestration Crisis



d. Aplastic Crisis
e. Hemolytic Crisis

3. Psychosocial Issues
   a. Cultural, educational and employment issues
4. Infections
   a. Bacteremia
   b. Meningitis
   c. Bacterial Pneumonia
   d. Osteomyelitis
5. Musculo-Skeletal Complications
   a. Dactylitis
   b. Avascular Necrosis of Bone
   c. Growth And Development Delay
   d. Osteomylitis
   e. Arthritis (septic-reactive)
6. Dermatological Complication Leg Ulcer
7. Priapism
8. Cerebrovascular Events
   a. Cerebral infarction
   b. Intracranial hemorrhage
   c. Cognitive and behavioral changes
9. Cardiac Complications
   a. Myocardial Infarction
   b. Cardiomyopathy
10. Hepato Billiary Complications
    a. Cholelithiasis
    b. Hepatic sequestration crisis
11. Pulmonary Complications
    a. Acute Chest Syndrome
    b. Pulmonary Hypertension
12. Renal Complications
    a. Papillary Necrosis, Acute and Chronic Renal Failure.
13. Occular Complications
    a. Proliferative Sickle Retinopathy
14. Pregnancy related complications
    a. Leading to increased maternal and fetal morbidity and mortality
15. Multiorgan Failure



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	Sickle cell Anemia
i. At the time of Pre-authorization	

a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Electrophoresis report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers with treatment chart	Yes
b. High-performance liquid chromatography (HPLC)	Yes
c. Detailed Discharge Summary	Yes

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**:

Sickle cell Anemia:

I. Was the clinical notes and Electrophoresis report confirms skill cell anemia? Yes

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

References:

1. Skill Cell Anemia, Program Manual, Epidemic Branch, Commissionerate of Health MoHFW, Gandhinagar, Gujarat