Guidance document for processing PM-JAY packages

Plasmapheresis

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

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Plasmapheresis	Plasmapheresis	M100069	MG073A	2,000

ALOS (days): 1 Day
Minimum qualification of the treating doctor:
Essential: MBBS
Desirable: 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 **Plasmapheresis**, 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:

Plasmapheresis/ Therapeutic plasma exchange (TPE)

TPE removes large-molecular-weight substances such as harmful antibodies from the plasma. It is usually carried out using an automated blood cell separator to ensure fluid balance and maintain a normal plasma volume. This may require the insertion of a femoral or jugular line to allow adequate blood flow. Typically, 30–40 mL/kg of plasma (1–1.5 plasma volumes) are

removed at each procedure and replaced with isotonic 4.5 or 5.0% human albumin solution (some services substitute 25–50% of replacement volume with 0.9% saline). Exchange with fresh frozen plasma (FFP) is reserved for the replacement of ADAMTS13 in thrombotic thrombocytopenic purpura (see below) or to replace clotting factors. A one plasma volume exchange removes about 66% of an intravascular constituent and a two plasma volume exchange approximately 85%. TPE is normally combined with disease modifying treatment, such as immunosuppressive drugs, for the underlying condition.

Indications for therapeutic plasma exchange

Category I indications for therapeutic plasma exchange (first-line therapy based on strong research evidence)

Specialty	Condition
Neurology	Acute Guillain–Barré syndrome
	Chronic inflammatory demyelinating polyneuropathy
	Myasthenia gravis
	Polyneuropathy associated with paraproteinaemias
	PANDAS[a]
Haematology	Thrombotic thrombocytopenic purpura
	Atypical haemolytic uraemic syndrome (autoantibody to factor H)
	Hyperviscosity syndromes (paraproteinaemias)
	Severe/symptomatic cryoglobulinaemia
Renal	Goodpasture's syndrome (anti-glomerular basement membrane antibodies)
	Antineutrophil cytoplasmic antibody (ANCA)-associated rapidly progressive glomerulonephritis
	Recurrent focal segmental glomerular sclerosis
	Antibody-mediated renal transplant rejection

Metabolic	Familial hypercholesterolaemia (homozygous)
	Fulminant Wilson's disease

[a] Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infection.

Category II indications for therapeutic plasma exchange (established second-line therapy)

Specialty	Condition
Neurology	Lambert–Eaton myasthenic syndrome
	Acute exacerbation of multiple sclerosis
	Chronic focal encephalitis
	Neuromyelitis optica
Haematology	ABO-incompatible haemopoietic stem cell transplantation
	Pure red cell aplasia
	Life-threatening cold agglutinin disease
	Atypical haemolytic uraemic syndrome (complement factor gene mutations)
	Myeloma with cast nephropathy
	Red cell alloimmunisation in pregnancy
Immunological	Catastrophic antiphospholipid syndrome
	Cerebral systemic lupus erythematosus (SLE)
Metabolic	Refsum's disease

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	Plasmapheresis
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers along with indications	Yes
b. Detailed procedure notes	Yes
c. Detailed discharge summary	Yes

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	Plasmapheresis
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical Notes including evaluation findings, indication of procedure, examination findings and planned line of treatment submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Was Detailed indoor case papers along with indications and treatment details submitted?	Yes
b. Was the Detailed procedure notes submitted?	Yes
c. Was the Detailed Discharge Summary submitted?	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. Was the clinical notes and indications mentioned are indicative of procedure? Yes

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

References

1. **Handbook of** Transfusion Medicine United Kingdom Blood Services 5th edition 11.1 Therapeutic Plasma Exchange.