Guidance document for processing PM-JAY packages

Visceral leishmaniasis

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Visceral Leishmaniasis	Visceral Leishmaniasis	M100038, M200034	MG015A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 3-5 Days
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 **Visceral Leishmaniasis** 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 Visceral Leishmaniasis only if diagnosis made is backed by clinical manifestation

   a. Irregular bouts of high fever

   b. Substantial weight loss

c. Enlargement of liver and spleen

d. Anaemia

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	Visceral Leishmaniasis
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Rapid Dip Test (Rk-39) report	Yes
c. Blood report (CBC, Platelet) reports	Yes
ii. At the time of claim submission	
a. Detailed Indoor case paper	Yes
b. Post treatment Blood investigation report (CBC, Platelet etc.)	Yes
c. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 **Objective:** To provide guidance to the pre-authorisation 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	Visceral Leishmaniasis
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Detailed Clinical Notes with signs and symptoms and history of the patient	Yes
b. Was the Rapid Dip Test (rK 39) report submitted?	Yes
c. Was the Blood report (CBC, Platelet etc.) submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	

a.	Detailed Indoor Case Papers with daily vitals and line of treatment submitted?	Yes
b.	Was the Post treatment Blood report (CBC, Platelet) submitted?	Yes
c.	Was the Discharge summary with follow-up advise at the time of discharge 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. Did the patient have any of the symptoms like Irregular bouts of high fever, Substantial weight loss with enlarged liver and spleen? Yes

II. Did the patient test positive for rK39 test? Yes

III. Was patient treated with IV fluids, IV Dextrose, Steroids NSAIDS? Yes

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

References:

1. National road map for elimination of Kala-azar in India by NVBDCP
2. WHO guideline on treatment of Kala azar (https://www.who.int/leishmaniasis/burden/Guidelines_for_diagnosis_treatment_and_prevention_of_VL_in_South_Sudan.pdf)