Guidance document for processing PM-JAY packages

HIV with complications

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
HIV with complications	HIV with complications	M100039, M200036	MG007A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

ALOS: NA
Minimum qualification of the treating doctor:
Essential: MBBS**;**
Desirable: DNB / MD (General Medicine / Pediatric Medicine/ Dermatology & Venereology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **HIV with complications**, 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:

Complication of HIV disease is its progression to acquired immunodeficiency syndrome (AIDS). It should be suspected once opportunistic infections and/or low CD4 count are present in an individual who is HIV positive.

AIDS occurs when lymphocyte count falls below a level (less than 200 cells per microliters) and is characterized by one or more of the following:

- Tuberculosis (TB) and extra pulmonary tuberculosis
- Cytomegalovirus
- Candidiasis
- Cryptococcal meningitis
- Cryptosporidiosis
- Toxoplasmosis
- Kaposi's sarcoma
- Lymphoma
- Neurological complications (AIDS dementia complex)
- Kidney disease

Management

Antiretrovirals are drugs used to treat HIV infections/AIDS, and they are used in various combinations commonly referred to as highly active retroviral therapy (HAART). The antiretrovirals agent include nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs), NRTI fixed-dose combinations, integrase inhibitors, non-nucleoside reverse transcriptase inhibitors (NNRTIs), protease inhibitors and CCR5 inhibitors. All patients with HIV regardless of what level of CD4 should be started on HAART, which is a treatment for life. This therapy has been shown to reduce morbidity and mortality plus lower the risk of transmitting the infection to others, as long as the individual has low or undetectable viral load.

Management of HIV complications is based on the treatment protocol of individual 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	HIV with complications
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. CD4 cell count report	Yes
c. HIV-ELISA/HIV viral load report	Optional
ii. At the time of claim submission	
a. Detailed indoor case papers and treatment given	Yes

b. 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**:

1. Was the CD4 cell count/ HIV Viral load report of patient submitted? Yes
2. Was documentation/investigation report confirming the diagnosis of HIV available? Yes
3. Does the patient have any opportunistic infections? Yes

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

References

1. Justiz Vaillant AA, Gulick PG. HIV Disease. [Updated 2020 Jul 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020.