Guidance document for processing PM-JAY package

Laboratory tests for COVID-19 infection

Procedure covered/ procedure count: 3

Specialty: Infectious Diseases

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Laboratory Tests for COVID-19 Infection (PCR/RT-PCR for nasal swab and throat swabs) (Reimbursement level for this package will be as per the ICMR guidelines/ State government decision, issued from time to time)	Screening Test for COVID-19 Infection	NA	ID001A	As per ICMR guidelines / State Government decision
Laboratory Tests for COVID-19 Infection (PCR) (Reimbursement level for this package will be as per the ICMR guidelines, issued from time to time)	Test for Confirmation of COVID-19 Infection	NA	ID001B	As per ICMR guidelines / State Government decision
Rapid antibody based blood test for COVID-19 Infection	Rapid antibody based blood test for COVID-19 Infection	NA	ID002A	As per ICMR guidelines / State Government decision

ALOS: NA

Minimum qualification of the prescribing doctor:
Essential: MBBS; **Desirable:** MD/ DNB/ equivalent in Medicine/ Pulmonology/ Diploma in Tuberculosis and Chest Disease (DTCD)

Special empanelment criteria /link to empanelment module- ICMR/ Government approved laboratory for COVID-19 testing, Availability of Oximeter.

Disclaimer:

ICMR has issued guidelines for **COVID-19** testing to be followed in country. ***Since the ICMR/ MoH&FW guidelines are evolving periodically, the latest revised version should be followed.*** For monitoring and administering the claim management process of **Laboratory tests for COVID-19 infection**, 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 the current ICMR guidelines available at icmr.gov.in for better understanding of the SHA teams, Insurance companies and TPAs, so that they have the insight on how the claims will be

processed. However, this PMJAY guidance document doesn't provide any guidance on process & methodology of testing of patient. In that respect the hospitals and physicians may refer to the ICMR/ MoH&FW guidelines and 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

('Strategy for COVID-19 testing in India', Version 5, dated 18.05.2020, New Additional Strategies for COVID-19 Testing dated 23.06.2020, issued by ICMR- https://icmr.gov.in)

Use of Standard Q COVID-19 Ag- a point of care diagnostic assay is recommended in combination with the gold standard RT-PCR test Real time RT-PCR[1] in the following settings:

A. **Containment zones or hotspots** (to be performed onsite under strict medical supervision and

maintaining kit temperature between 2° to 30° C):

i) All symptomatic Influenza Like Illness (ILI).

ii) Asymptomatic direct and high-risk contacts with co-morbidities (lung disease, heart disease,

liver disease, kidney disease, diabetes, neurological disorders, blood disorders) of a confirmed

case to be tested once between day 5 and day 10 of coming into contact.

B. **Healthcare settings** (to be performed onsite under strict medical supervision and maintaining kit

temperature between 2° to 30° C):

i) All symptomatic ILI patients presenting in a healthcare setting and are suspected of having

COVID19 infection.

[1] RT-PCR: Reverse transcription polymerase chain reaction

ii) Asymptomatic patients who are hospitalized or seeking hospitalization, in the following high-risk groups:

- Patients undergoing chemotherapy

- Immunosuppressed patients including those who are HIV+;

- Patients diagnosed with malignant disease;

- Transplant patients;

- Elderly patients (>65 yrs of age) with co-morbidities (lung disease, heart disease, liver disease, kidney disease, diabetes, neurological disorders, blood disorders)

iii) Asymptomatic patients undergoing aerosol generating surgical / non-surgical interventions:

- Elective/emergency surgical procedures like neurosurgery, ENT surgery, dental procedures etc.

- Non-surgical interventions like bronchoscopy, upper GI endoscopy and dialysis etc.

*ILI case is defined as one with acute respiratory infection with fever ≥ 38◦C AND cough.

Where available, it is advised to use real time RT-PCR as the frontline test for diagnosis of SARS-CoV-2

Revised Guidelines for TrueNat testing for COVID-19 dated 19.05.2020 & New Additional Strategies for COVID-19 Testing dated 23.06.2020, issued by ICMR, https://icmr.gov.in

A) Step 1: This is E gene screening assay. All samples of suspect COVID-19 should be first tested by this assay. All negatives are to be considered as true negatives. All positive samples should be subjected to confirmation by step 2 assay.

B) Step 2: RdRp gene confirmatory assay. All samples that test positive by this assay must be considered as true positive.

- No further RT-PCR based confirmation is required for samples that are positive after step 2 of the assay above.
- All positive and negative results must be reported to ICMR portal in real time manner

Since the ICMR/ MoH&FW guidelines are evolving periodically, the latest revised version should be followed.

- **Signs & symptoms of COVID-19 infection (As per** Clinical Management Protocol for Covid-19, MoH&FW, Version 3, 13.06.2020, https://mohfw.gov.in)-

  These may be fever, cough, fatigue, shortness of breath, expectoration, Myalgia, Rhinorrhea, sore throat, diarrhea. mild, moderate or severe illness. Severe illness may

present with severe pneumonia, Acute Respiratory Distress Syndrome (ARDS), sepsis and septic shock; Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms. Children may not have fever or cough as frequently as adults.

- **Risk factors for severe disease:**
    - Age more than 60 years (increasing with age)
    - Underlying non-communicable diseases (NCDs): diabetes, hypertension, cardiac disease, chronic lung disease, cerebro-vascular disease, chronic kidney disease, immune-suppression and cancer

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:

i. **At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)**:
    a. Clinical notes (in case of hospitalization)/ qualified doctor/ physician's prescription indicating signs/ symptoms and the need for testing
    b. Laboratory requisition form for conducting RT-PCR test of-
        i. Upper respiratory tract samples- Throat and Nasal swab/ Nasopharyngeal swab & Oropharyngeal swab
        ii. Lower respiratory tract samples- Bronchoalveolar lavage/ tracheal aspirate/ sputum (when readily available for example in mechanically ventilated patients)
    c. For 'test for confirmation of COVID-19 infection', positive report of Diagnostic Test for COVID-19 Infection (PCR).

ii. **At the time of claim processing- For claims processing doctor (CPD):**

- Detailed Indoor case papers (in case of hospitalization) having treatment and management including daily monitoring of temperature, vitals and SpO2; Chest X-ray, CBC in patients with moderate/severe illness; in severe cases supportive therapy & monitoring for example eg. Supplemental oxygen therapy, management of hypoxaemia, or shock; (Management of the patient as per the extant guidelines of MoH&FW)
- Detailed discharge summary (in case of hospitalization). (To be discharged after clinical improvement, as per the extant discharge policy of MoH&FW for COVID-19)
- All laboratory investigation reports (such as X-ray chest, SpO2, CBC and other investigations as indicated). As per the revised discharge policy of MoH&FW for COVID-19 **no** RT PCR test is required before discharge (https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf)

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**

2.2.1 **At the time of pre-authorization processing- For pre-authorisation processing doctor (PPD)**:

a. **Clinical notes/ physician's prescription** giving history & indication for testing? Yes
b. Covid-19 laboratory screening/ testing form duly signed by the prescribing physician/ doctor? Yes

2.2.2 **At the time of claim processing- For claims processing doctor (CPD)**

a. In case of hospitalization, do the documents (clinical notes, physical examination reports, laboratory reports) available detail the need for admission? Yes
b. In case of hospitalization, Discharge summary is available? Yes
c. Report of the laboratory test for COVID-19 infection? 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 in case of COVID-19 laboratory test:**

1. Are the indications mentioned in the laboratory test form for COVID-19 commensurate with the extant ICMR guidelines/ GoI/ State government guidelines? Yes
2. Is the laboratory test for COVID-19 being conducted in the ICMR/ GoI/ State government approved lab for COVID-19 testing? Yes

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

References:

i. Strategy for COVID-19 testing in India, ICMR, DHR (MoH&FW), Version 5, 18.05.2020, https://www.icmr.gov.in/pdf/covid/strategy/Testing_Strategy_v5_18052020.pdf

ii. Revised Guidelines for TrueNat testing for COVID-19 dated 19.05.2020, https://www.icmr.gov.in/pdf/covid/labs/Revised_Guidelines_TrueNat_Testing_19052020.pdf

iii. Clinical Management Protocol for Covid-19, MoH&FW, Version 3, 13.06.2020, https://www.mohfw.gov.in/pdf/ClinicalManagementProtocolforCOVID19.pdf

iv. Revised discharge policy of MoH&FW for COVID-19 (https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf)

v. Newer Additional Strategies for COVID-19 testing, ICMR, DHR (MoH&FW), 23.06.2020, https://www.icmr.gov.in/pdf/covid/strategy/New_additional_Advisory_23062020_3.pdf

vi. Clinical management protocol: COVID 19, MOH&FW, Version 5, 03.07.2020, https://www.mohfw.gov.in/pdf/UpdatedClinicalManagementProtocolforCOVID19dated03072020.pdf