Guidance document for processing PM-JAY packages

Blood Transfusion

Procedures covered: 2

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Whole Blood transfusion	Whole Blood transfusion	M100068, M200099, M200100	MG074A	2,000	1
Blood component including platelet transfusion (RDP, PC, SDP)	Blood component including platelet transfusion (RDP, PC, SDP)	M100066	MG074B	2,000	1

Minimum qualification of the treating doctor:
Essential: MBBS
Desirable: DNB / MD (General Medicine / Pediatric Medicine/Blood transfusion/Blood transfusion medicine)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Blood Transfusion**, 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:

Blood transfusion has been widely used and overused in medical practice since early 20 th century to treat anaemia and haemorrhage. Transfused red blood cells (RBCs) provide three beneficial effects: Circulatory (volume-related), rheological (viscosity-related) and oxygen carriage. Blood transfusion is currently not recommended for volume expansion alone, except in cases of severe haemorrhage. Similarly, transfusion is required to increase viscosity only in cases of severe haemodilution. High viscosity in itself may impede circulation. Transfused blood also does not immediately increase oxygen delivery or utilisation at the tissue level. Therefore, clinical situations where blood transfusion is beneficial to the patient and improves outcome are limited. The decision to administer blood should be taken after weighing the risks and benefits of blood transfusion against those of anaemia.

Plasma is conventionally prescribed to replace coagulation factors in patients receiving massive transfusion (>one blood volume or 70 ml/kg in 24 h or >50% of blood volume in 3 h), for urgent reversal of the effect of warfarin, in known coagulation factor deficiency, and in cases of thrombotic thrombocytopaenic purpura. The decision to transfuse is based on both presence of bleeding and abnormal laboratory values of prothrombin time (>1.5), international normalized ratio (>2) and partial thromboplastin time (>2 times). Plasma should not be used to replace intravascular volume.

Platelet transfusion is usually required in a bleeding patient below a platelet count of 50 × 10 9 /L but rarely above 100 × 10 9 /L. If the values fall between these two, transfusion is considered in case of platelet dysfunction (e.g., clopidogrel therapy), on-going bleeding and surgeries in confined spaces such as eye and brain.

Cryoprecipitate is used to increase fibrinogen levels in patients with dysfibrinogenaemia and hypofibrinogenaemia (fibrinogen <80-100 mg/dl), microvascular bleeding in patients receiving massive transfusion when fibrinogen cannot be measured and congenital fibrinogen deficiency.

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	Whole Blood transfusion/Blood component including platelet transfusion (RDP, PC, SDP)
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes

b. Blood grouping (ABO and Rh)	Yes
c. Complete hemogram	Yes
d. Viral markers of the donor	Yes
e. Screening for Malaria, Syphilis, HIV, HBV, HCV, CMV	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers including treatment details	Yes
b. Post Transfusion hemogram	Yes
d. 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	**Whole Blood transfusion/Blood component including platelet transfusion (RDP, PC, SDP)**
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes
b. Was the blood group report of patient submitted?	Yes
c. Was the complete hemogram report of patient submitted?	Yes
d. Was the viral marker reports of donor blood submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Was Detailed Indoor case papers with vital (BP and Pulse) and Treatment details submitted?	Yes
b. Was the post transfusion hemogram report of patient submitted?	Yes
c. Was the Detailed Discharge Summary submitted with the date of the follow-up mentioned?	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**:

1. Was the patient's hemogram suggestive of an indication for blood or blood products transfusion? Yes

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

References

1. Yaddanapudi S, Yaddanapudi L N. Indications for blood and blood product transfusion. Indian J Anaesth 2014;58:538-42.
2. American Society of Anesthesiologists Task Force on Perioperative Blood Transfusion and Adjuvant Therapies. Practice guidelines for perioperative blood transfusion and adjuvant therapies: An updated report by the American Society of Anesthesiologists Task Force on perioperative blood transfusion and adjuvant therapies. Anesthesiology 2006;105:198-208
3. O'Shaughnessy DF, Atterbury C, Bolton Maggs P, Murphy M, Thomas D, Yates S, *et al*. Guidelines for the use of fresh-frozen plasma, cryoprecipitate and cryosupernatant. Br J Haematol 2004;126:11-28