



Guidance document for processing PM-JAY packages

Continuous Renal Replacement Therapy (CRRT)-Continuous Veno-Venous Hemodiafiltration (CVVHDF) initiation cost for disposable

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Continuous Renal Replacement Therapy (CRRT)-Continuous Veno-Venous Hemodiafiltration (CVVHDF) initiation cost for disposable	Continuous Renal Replacement Therapy (CRRT)-Continuous Veno-Venous Hemodiafiltration (CVVHDF) initiation cost for disposable	New Package	MG077A	35,000

ALOS (In days): 1-2 days

Minimum qualification of the treating doctor:

Essential: MBBS, DNB/MD equivalent in General Medicine, DM/DNB/ equivalent (Nephrology), MD/DNB/DCH/ equivalent (Pediatric Medicine).

Special empanelment criteria/linkage to empanelment module: Tertiary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **Continuous Renal Replacement Therapy (CRRT) - Continuous Veno-Venous Hemodiafiltration (CVVHDF) initiation cost for disposable** 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:

Initiation of Continuous Veno-Venous Hemodiafiltration (CVVHDF) includes the following phases.

- *Preparation phase*: this phase consists of collection of necessary disposable material, identification and checking of the disposable set, set loading (cassette tubing), connection to the filter, positioning of the tubing, and hanging of bags.
- *Priming phase*: priming solution is infused into the extracorporeal circuit in order to remove air and impurities remaining after sterilization of the set. When heparin anticoagulation is used, it is usually added to the priming solution. During this phase, the machine makes a general check of all components and sensors.
- *Connection to the patient*: this phase consists of the connection of the extracorporeal lines to the patient's vascular access.

Main reagents and disposables used in CRRT - Continuous Veno-Venous Hemodiafiltration (CVVHDF)

- Dialysate
- Replacement Fluid
- Tubes - Blood In-flow line
 - Blood Out-flow line
 - Effluent/ultra-filtrate line
 - Dialysate Line
 - Replacement Line
 - Pre-Blood Line
 - Anticoagulant and specific antagonists line
- Filters

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	Peripheral Arterial Thrombosis
i. At the time of Pre-authorization	
a. Clinical notes detailing history and evidence of unstable hemodynamic status along with clear justification of need to use CVVHD/DF over HD/PD/SLED	Yes

b. Indication for CRRT- Continuous Veno-Venous Hemodiafiltration procedure	Yes
c. eGFR report	Yes
d. RFT report	Yes
e. Other relevant investigations	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure details	Yes
c. Clinical Photograph with the evidence of connections to the patient.	Yes
d. Barcode of the disposables used	Yes
e. 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 document	Peripheral Arterial Thrombosis
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes detailing history and Admission notes showing vitals and examination findings.	Yes
b. Was the Indication for CRRT-CVVHDF procedure along with clear justification of need to use CVVHD/DF over HD/PD/SLED submitted?	Yes
c. Is the eGFR report submitted?	Yes
d. Is the RFT report submitted?	Yes
e. Were the relevant investigations including Serum creatinine submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes

b. Are the Procedure details submitted?	Yes
c. Is the Clinical Photograph with the evidence of connections submitted?	Yes
d. Were the barcodes of the disposables used submitted?	Yes
e. Is a 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. Were the patient's hemodynamic status and indications suggestive of the catheter placement? Yes

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

References:

Villa G, Neri M, Bellomo R, et al. Nomenclature for renal replacement therapy and blood purification techniques in critically ill patients: practical applications. Crit Care. 2016;20(1):283. Published 2016 Oct 10. doi:10.1186/s13054-016-1456-5