



Guidance document for processing PM-JAY packages

Glomerulonephritis

Package covered/ package count: 1

Specialty: General Medicine; Pediatric Medical Management

Package name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Acute glomerulonephritis	M200006	MP025A	1,800/day (General ward) 2,700/ day (HDU)/ 3,600 (ICU without ventilator)/ 4,500 (ICU with ventilator)

ALOS: 5 days (1-2 days ICU)

Minimum qualification of the treating doctor:

Essential: MD/ DNB (Medicine); MD/ DNB/ PG Diploma (Pediatrics); or equivalent

Desirable: DM/ DNB (Nephrology) or equivalent

Special empanelment criteria /link to empanelment module- None

Disclaimer:

ICMR has issued clinical guidelines for **Management of Glomerulonephritis** to be followed in country. For monitoring and administering the claim management process of **Glomerulonephritis**, 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 the ICMR poster 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.

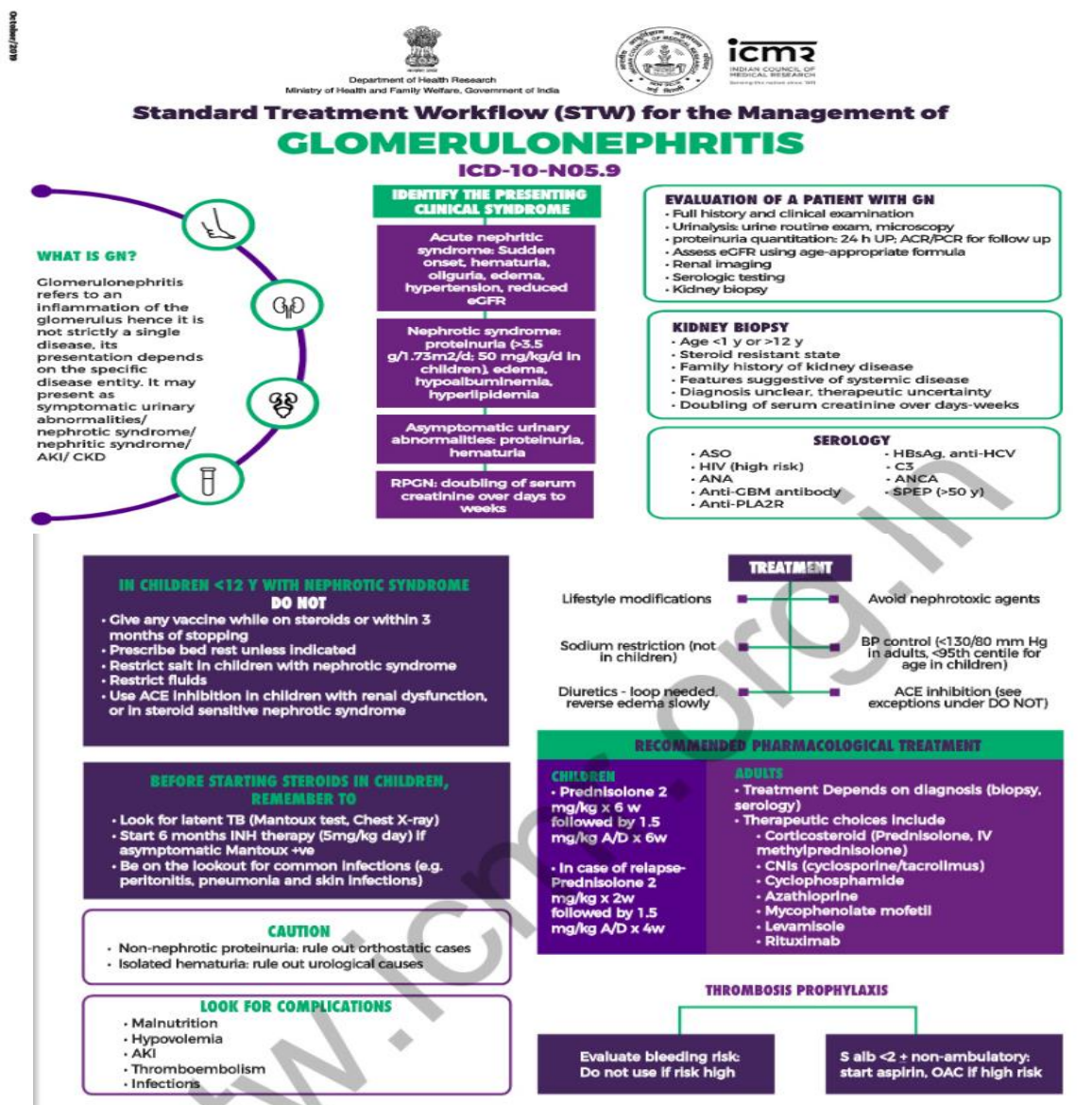
1.2 Clinical key pointers:

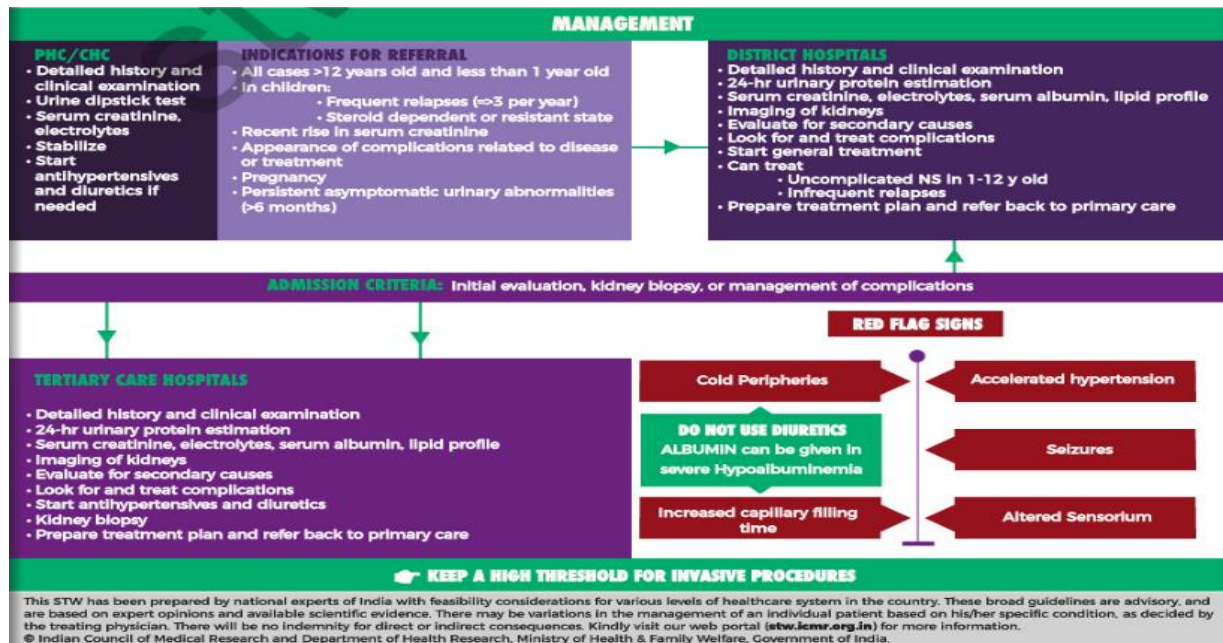
- Proceed for admission for management of **Glomerulonephritis** only if indicated

Suggestive Admission criteria:

1. Initial Evaluation
 2. Kidney biopsy (Tertiary care hospitals)
 3. Management of Complications
- b. The diagnosis made should be backed by clinical signs, symptoms, physical examination, investigations.
- c. Look out for **Red flag signs** (Refer para 1.3 below). If applicable, refer to higher centre for further evaluation and management.

1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)ⁱ For clinicians/ treating doctor





1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

i. **At the time of pre-authorization-**

- Clinical notes with history, clinical examination, signs and symptoms like edema, hypertension, proteinuria, haematuria, eGFR (calculated using age appropriate formula)
- Investigation reports -
 - Urine routine and microscopy
 - Serum creatinine, Serum electrolytes
 - Serum albumin
- Clinical photograph of patient

ii. **At the time of claims submission:**

Detailed treatment and management including:

- Indoor case papers
- Prescribed medications including Corticosteroid (for Paediatric patient); Corticosteroid, Immunosuppressants, antihypertensives and diuretics, etc., (for adults), as indicated based on diagnosis.
- Discharge summary with appropriate discharge advise including Lifestyle modification, Sodium restriction (not in children), Diuretics, Blood pressure control, etc., as indicated and as per the treatment plan.
- All investigations reports -
 - Urine routine and microscopy
 - 24-hour Urinary protein estimation (in District level & tertiary care hospitals)
 - Serum creatinine, Serum electrolytes
 - Serum albumin, lipid profile
 - Ultrasound/ Imaging of Kidney

6. Serological testing (Antistreptolysin O (ASO), Antinuclear Antibody (ANA), HIV, HBsAg, anti-HCV, **Anti-glomerular basement membrane** (Anti-GBM) antibody, Anti-PLA2R, C3, Antineutrophil cytoplasmic antibodies (ANCA), Serum protein electrophoresis (SPEP) (>50 y)) **(in tertiary care hospitals)**
7. Kidney biopsy, where indicated **(in tertiary care hospitals)**

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** – with detailed history (eg. family history of kidney disease, systemic disease, hypertension, hematuria, etc.), signs and symptoms such as edema, hypertension, haematuria, proteinuria, hypoalbuminemia, reduced eGFR (calculated using age appropriate formula), etc. as per the clinical syndrome/ likely cause (acute nephritic syndrome, nephrotic syndrome, asymptomatic urinary abnormalities, Rapidly Progressive Glomerulonephritis (RPGN)).
- b. **Suggestive Admission criteria:**
 - i. Initial Evaluation
 - ii. Kidney biopsy (Tertiary care hospitals)
 - iii. Management of Complications
- c. **Investigation reports -:**
 - Urine routine and microscopy
 - Serum creatinine, electrolytes
 - Serum albumin
- d. Planned line of management
- e. On bed patient photograph

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

- a. Do the documents (clinical notes and physical examination reports) available detail the need for admission (suggestive admission criteria- Initial evaluation, kidney biopsy- in tertiary care hospitals, management of complications such as malnutrition, hypovolemia, infections, thromboembolism, Acute kidney injury, etc.)?
- b. Was there documentary evidence of relevant Investigations, as indicated and as per the facilities available, such as:
 - i. Urine routine and microscopy
 - ii. Serum creatinine, electrolytes, serum albumin, lipid profile
 - iii. Ultrasound/ Imaging of Kidney reports
 - iv. 24-hour Urinary protein estimation (in District level & tertiary care hospitals)

- v. Serological testing (Antistreptolysin O (ASO), Antinuclear Antibody (ANA), HIV, HBsAg, anti-HCV, **Anti-glomerular basement membrane** (Anti-GBM) antibody, Anti-PLA2R, C3, Antineutrophil cytoplasmic antibodies (ANCA), Serum protein electrophoresis (SPEP) (>50 y)) (in tertiary care hospitals)
- vi. Kidney biopsy, where indicated (in tertiary care hospitals)
- c. Is medication/ treatment chart available? Was the patient given Corticosteroid (for Paediatric patient); Corticosteroid, Immunosuppressants, antihypertensives and diuretics, etc., (for adults), as indicated based on diagnosis?
- d. Do the discharge documents show the reasons for discharge / referral and discharge advise such as lifestyle modifications, sodium restriction (not in children), use of diuretics, avoiding nephrotoxic agents, BP control, etc.?
- e. If the patient is in HDU/ ICU following additional questions may be referred:
 - i. Do the documents show a need for admission to HDU/ ICU +/- ventilator such as incases of Accelerated Hypertension, Seizures, Altered Sensorium, Cold peripheries, increased capillary filling time
 - ii. Is there a documentary evidence to show monitoring in HDU/ ICU +/- ventilator

PART III: GUIDELINES FOR IT

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 Glomerulonephritis:

- i. Is the likely cause nephrotic syndrome, Nephritic syndrome, rapidly progressive glomerulonephritis or other urinary abnormalities or unexplained renal failure?- Yes

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

Acknowledgment:

ⁱ Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.