

## Guidance document for processing PM-JAY packages

### Kawasaki disease (Mucocutaneous lymph node syndrome)

**Procedures covered:** 1

**Specialty:** Pediatric Medical management

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price
Kawasaki disease	Kawasaki disease	M200041	MP043A	Routine Ward - 1800 HDU - 2700 ICU (without Ventilator) - 3600 ICU (with Ventilator) - 4500

**ALOS:** 7 - 10 days

**Minimum qualification of the treating doctor:**

**Essential:** MD / DNB / DCH/ equivalent (Pediatric Medicine)

**Special empanelment criteria/linkage to empanelment module:** None

#### 1.2 Disclaimer:

For monitoring and administering the claim management process of **Kawasaki disease**, 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:

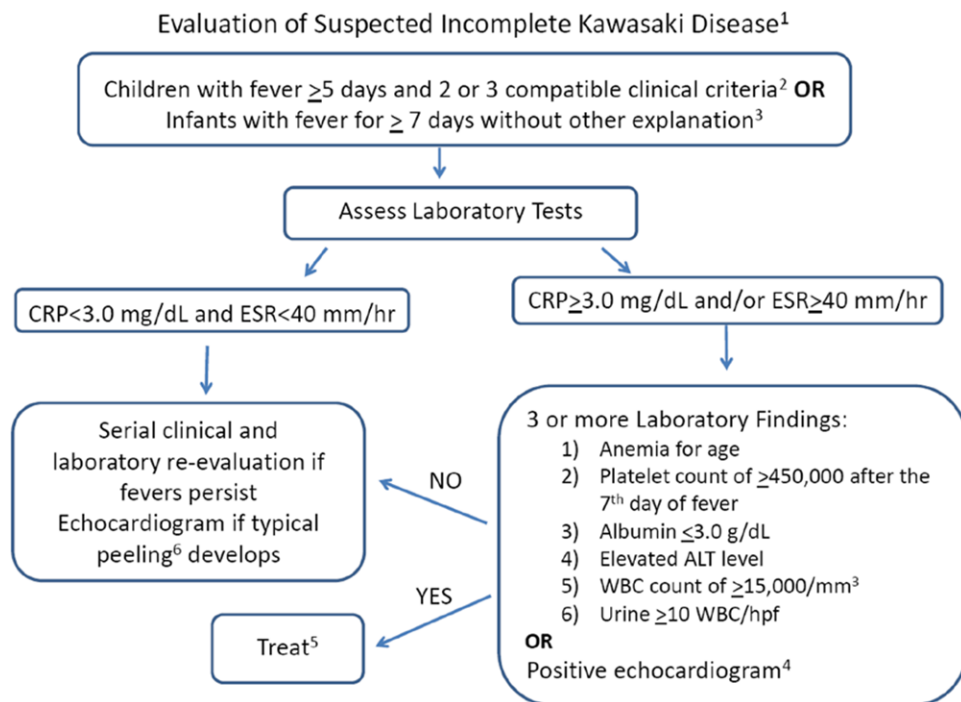
Proceed with Kawasaki disease only if diagnosis made is backed by clinical manifestation

1. Fever lasting 5 days and
2. Presence of atleast four out of five symptoms
  - a. Conjunctivitis (usually bulbar, bilateral, non-purulent)
  - b. Rash (just about anything except vesicles, bullae)
  - c. Adenopathy (usually cervical, unilateral, >1.5cm)
  - d. Strawberry tongue (or other changes like lip redness, dry fissured)
  - e. Hand and feet edema/erythema, (peeling later in course)

In addition to above criteria incomplete kawasaki disease may be present in the pediatric patients and can be suspected if

- a. Fever of more than 5 days and 2-3 of above criteria
- b.  $\leq 6$  months old predominantly mostly under the age of 5 years and unexplained fever  $\geq 7$  days regardless of above criteria

Treatment: Intravenous gamma globulin and Aspirin are mainly used for the treatment.



### 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	Kawasaki disease
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
CRP / ESR	Yes
CBC / LFT / Urinalysis	Yes
Echocardiography	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Discharge Summary	Yes
CRP / ESR	Yes
CBC / LFT / Urinalysis	Yes
All investigation reports	Yes

## **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:**

Mandatory documents	Kawasaki disease
<b>Pre-auth processing Doctor (PPD)</b>	
<i>Clinical notes</i> – detailed history, signs & symptoms, detailed treatment line	Yes
<i>CRP / ESR</i>	Yes
<b>Claims Processing Doctor (CPD)</b>	
<i>Detailed Indoor case papers (ICPs)</i> with detailed line of treatment	Yes
<i>Did the patient have 5 days fever <b>and</b> presence of atleast 4 out of 5 symptoms (reference para 1.2 above)</i>	Yes

<i>Did the patient laboratory show CRP <math>\geq</math> 3 mg/dl or ESR &gt; 40 mm/hr and 3 or more supplementary lab criteria: anemia for age, thrombocytosis (platelet &gt; 450000/cumm), leukocytosis (WBC &gt;15000/cumm), albumin <math>\leq</math> 3 g/dL, Alanine Transferase (ALT) &gt;50 U/L, Urine WBC &gt; 10/hpf</i>	Yes
<i>Echocardiography</i>	Yes
<i>Detailed Discharge summary with follow-up advise at the time of discharge</i>	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. Is the fever with maculopapular rash? Yes
- II. Is the age less than 5 years? Yes

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

### **References**

1. A Parthasarathy (Editor-in-chief). IAP Textbook of Pediatrics, Fifth Edition. Section 16: Rheumatology - 16.5: Kawasaki disease: Pg 916
2. Brian WM, Anne H, et al. Diagnosis, Treatment, and Long-Term Management of Kawasaki Disease: A Scientific Statement for Health Professionals from the American Heart Association. Circulation. 2017, 135 (17), e927-999.  
<https://doi.org/10.1161/CIR.0000000000000484>
3. [https://www.rch.org.au/uploadedFiles/Main/Content/infectious\\_diseases/IPCH%20KD%20review%20II%202013.pdf](https://www.rch.org.au/uploadedFiles/Main/Content/infectious_diseases/IPCH%20KD%20review%20II%202013.pdf)
4. [https://www.rch.org.au/clinicalguide/guideline\\_index/Kawasaki\\_disease/](https://www.rch.org.au/clinicalguide/guideline_index/Kawasaki_disease/)