



## Guidance document for processing PM-JAY packages

### Wilson's disease

**Procedures covered:** 1

**Specialty:** Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Wilson's disease	Wilson's disease	M200061	MP037A	Routine Ward - 1800 HDU - 2700 ICU (without Ventilator) - 3600 ICU (with Ventilator) - 4500

**ALOS:** 7 days

**Minimum qualification of the treating doctor:**

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

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

#### 1.2 Disclaimer:

For monitoring and administering the claim management process of **Wilson's 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 Wilson's disease only if diagnosis made is backed by clinical manifestation:

- Hematological manifestation
  1. Coombs-negative hemolytic anemia (early manifestation – increasing pallor)
- Hepatic manifestations (usually in early childhood)
  1. Persistent or recurrent Jaundice
  2. Spider hemangioma
  3. portal hypertension
  4. Fulminant hepatic failure
- Neuropsychiatric manifestations
  1. Tremors
  2. Worsening handwriting
  3. Decline in school performance
  4. Dystonia
  5. Psychiatric disturbances
  6. Behavioral changes
  7. Parkinsonism
- Ocular
  1. Kayser-Fleischer rings

## 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	Wilson's disease
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Serum ceruloplasmin	Yes

24-hour urine copper	Yes
Slit lamp examination (Kayser-Fleischer ring)	Yes (if available)
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Discharge Summary	Yes
Serum ceruloplasmin	Yes
24-hour urine copper	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:**

<b>Mandatory documents</b>	<b>Wilson's disease</b>
<b>Pre-auth processing Doctor (PPD)</b>	
<i>Clinical notes</i> – detailed history, signs & symptoms, detailed treatment line	Yes
Serum ceruloplasmin	Yes
24-hour urine copper	Yes
Slit lamp examination (Kayser-Fleischer ring)	Yes (if available)
<b>Claims Processing Doctor (CPD)</b>	
<i>Detailed ICPs</i> with detailed line of treatment	Yes

Serum ceruloplasmin (<20 mg/dL)	Yes
24-hour urine copper (>100 µg/day)	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 Serum ceruloplasmin levels depressed? Yes
- II. Is the 24-hour urine copper levels elevated? Yes
- III. Is the age below 3 years? Yes

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

### **References**

- Robert M. Kliegman, MD. Nelson Textbook of Pediatrics, Twentieth edition. Pg 1939. Chapter 357. Metabolic diseases of the liver.
- Karen J. Marcadante, MD, Robert M. Kliegman, MD. Nelson Essentials of pediatrics, Seventh edition. Chapter 130, Liver disease. Pg. 449
- Saroli Palumbo C, Schilsky ML. Clinical practice guidelines in Wilson disease. *Ann Transl Med.* 2019;7(Suppl 2):S65. doi:10.21037/atm.2018.12.53
- [http://www.espgan.org/fileadmin/user\\_upload/guidelines\\_pdf/Hep\\_Nutr/Wilson\\_s\\_Disease\\_in\\_Children\\_A\\_Position\\_Paper\\_by.32.pdf](http://www.espgan.org/fileadmin/user_upload/guidelines_pdf/Hep_Nutr/Wilson_s_Disease_in_Children_A_Position_Paper_by.32.pdf)
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