



Guidance document for processing PM-JAY packages

Peritoneal Dialysis

Procedures covered: 1

Specialty: General Medicine

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price |
|-------------------------------------|---------------------|------------------|--------------|---------------|
| Haemodialysis / Peritoneal Dialysis | Peritoneal Dialysis | M100070, S100252 | MG072B | 1500/- |

Minimum qualification of the treating doctor:

Essential: MBBS with appropriate training in dialysis.

Desirable: DNB / MD/ equivalent (General Medicine / Pediatric Medicine/ Nephrology)

In case the initial decision has been made by a non-nephrologist, it should be confirmed by a nephrologist within a 4-week period.

Special empanelment criteria/linkage to empanelment module: As per the Pradhan Mantri National Dialysis Program

Disclaimer:

For monitoring and administering the claim management process of **Peritoneal Dialysis**, 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:



Chronic kidney disease (CKD) had been recognized as an important public health problem. CKD is associated with increased risk of complications and mortality at all stages in its natural history. End stage kidney failure (ESKF) is the most advanced stage of kidney failure when survival without some form of renal replacement therapy, such as kidney transplant or maintenance dialysis is not possible. About 10-20% of those with CKD are expected to develop ESKF.

Dialysis is needed for all those who are either not suitable for kidney transplant or have no available kidney donor or as a bridge until they can get a transplant.

With few exceptions, all ESKF patients are suitable for either HD or PD Irrespective of what policy is decided, guidelines for its implementation should be based on a transparent decision making, taking into account the individual patient's circumstances, to optimize use of this limited resource.

Process of Peritoneal Dialysis:

- In PD, wastes and water are removed from the blood inside the body using the peritoneum (natural membrane lining the inside of abdominal cavity) as a natural semi permeable membrane.
- Wastes and excess water move from the blood, across the peritoneal membrane, and into a special dialysis solution, called dialysate, that is instilled cyclically in the abdominal cavity of the patient.
- After the dialysate is saturated with solutes removed from the blood vessels it is drained out. This exchange is repeated 3-4 times per day; automatic systems can run more frequent exchange cycles overnight.
- Access to abdominal cavity is obtained by placing a catheter in the peritoneal cavity. PD is usually carried out at home by the patient, often without help. However, children require assistance from parents or caregivers for performing PD.
- PD frees patients from the routine of having to go to dialysis clinics multiple times per week and can be performed with little to no specialized equipment (other than bags of fresh pharmaceutical grade sterile dialysate).

Clinical pathway for choice of dialysis mode
(Ref.-Pradhan Mantri National Dialysis Programme- Guidelines for Establishing Peritoneal Dialysis Services)



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 | Peritoneal Dialysis |
|--|---------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes detailing history | Yes |
| b. Admission notes showing vitals (BP, Pulse) and examination findings | Yes |
| c. Renal Function test | Yes |
| d. Planned line of treatment | Yes |
| ii. At the time of claim submission | |
| a. Detailed Indoor case papers (ICPs) | Yes |
| b. Treatment details | Yes |
| c. 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 | Peritoneal Dialysis |
|---|---------------------|
| i. Pre-auth processing Doctor (PPD) | |
| a. Was the Clinical notes, detailing history and Admission notes showing vitals (BP, Pulse) and examination findings submitted? | Yes |
| b. Was the renal function test report submitted? | Yes |
| c. Was the planned line of treatment submitted? | Yes |
| ii. Claims Processing Doctor (CPD) | |
| a. Was Detailed ICPs with vital (BP and Pulse) and Treatment details submitted? | Yes |
| b. 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 renal function test report of patient suggestive of Chronic kidney disease? Yes

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

References

1. *Pradhan Mantri National Dialysis Programme : GUIDELINES FOR ESTABLISHING PERITONEAL DIALYSIS SERVICES*