



Guidance document for processing PM-JAY packages

Systemic Lupus Erythematosus

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Systematic lupus erythematosus	Systematic lupus erythematosus	M100028	MG068A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 4-6 Days

Minimum qualification of the treating doctor: MBBS

Desirable: DNB / MD / or Equivalent (in General Medicine / Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Systemic lupus erythematosus** for 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 **Systemic lupus erythematosus** only if diagnosis made is backed by clinical manifestation:

Systemic lupus erythematosus (SLE), is the most common type of lupus. SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs. It can affect the joints, skin, brain, lungs, kidneys, and blood vessels. There is no cure for lupus, but medical interventions and lifestyle changes can help control it.

Lupus is a long-term condition that can cause inflammation in the skin, organs, and in various other places in the body.

It's an autoimmune condition. The immune system, which normally protects us against infection and illness, starts to attack the body's own tissues instead.

There are two main types of lupus:

- Discoid lupus
- Systemic lupus erythematosus (SLE)

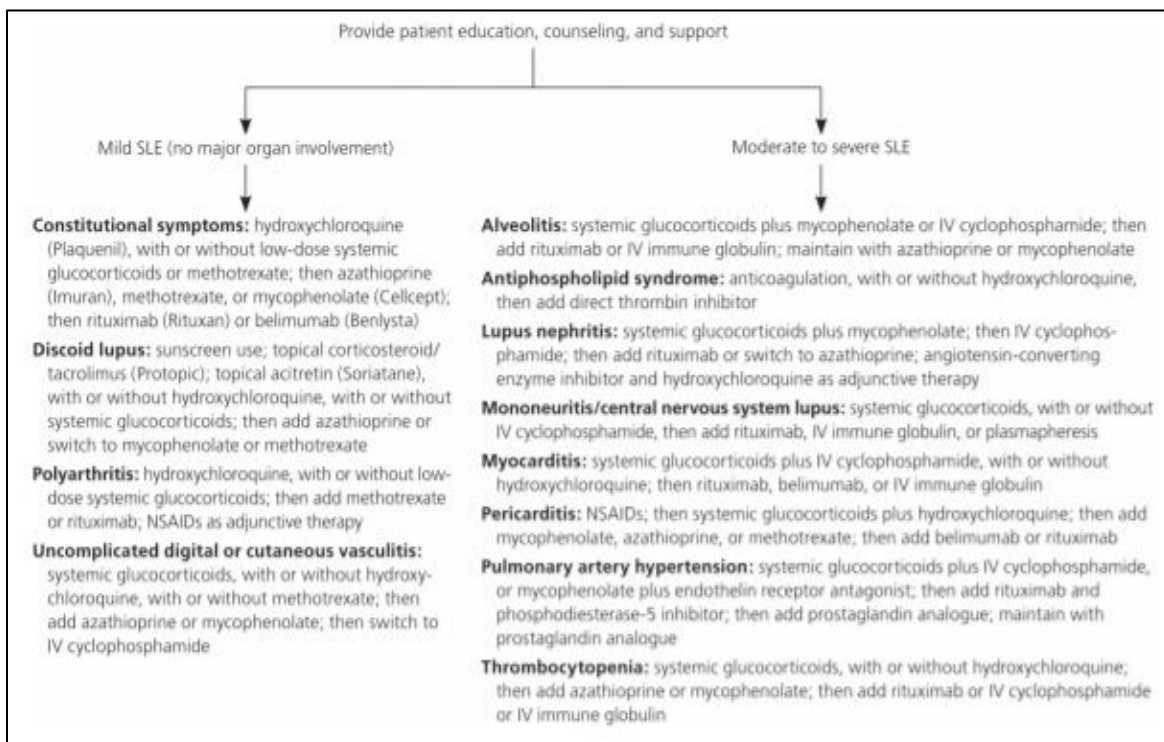
Clinical Manifestation in children;

- Malar rash
- Ulcers/mucocutaneous involvement
- Renal involvement, proteinuria, urinary cellular casts
- Seizures
- Thrombocytopenia
- Hemolytic anemia
- Fever
- Lymphadenopathy

Clinical Manifestation in adult;

- Nausea
- Fever
- Arthralgia
- Seizures
- Dyspepsia

Management of SLE



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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	Systematic Lupus Erythematosus
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, advise for admission and planned line of treatment	Yes
b. Antinuclear antibody (ANA test)	Yes
c. Erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level	Yes
d. X ray report	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers with treatment details	Yes
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	Systematic Lupus Erythematosus
At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the Clinical Notes including evaluation findings, indications for the procedure, advise for admission and planned line of treatment submitted?	Yes
b. Was the Antinuclear antibody (ANA test) report submitted?	Yes
c. Was the ESR or CRP level submitted?	Yes
d. Was the X ray submitted?	Yes
At the time of claim processing- For claims processing doctor (CPD)	
a. Was the detailed Indoor Case Papers with detailed line of treatment submitted?	Yes
b. Was the 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:

1. Was the report of Antinuclear antibody (ANA test) show positive result? Yes

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

References:

1. GUYET-CAM VU LAM, MD; MARIA V. GHETU, MD; and MARZENA L. BIENIEK, MD, St. Luke's University Hospital, Bethlehem, Pennsylvania; Systemic Lupus Erythematosus: Primary Care Approach to Diagnosis and Management, <https://www.aafp.org/afp/2016/0815/p284.html>
2. INDIAN GUIDELINES ON THE MANAGEMENT OF SLE, <http://medind.nic.in/jaa/t02/i4/jaat02i4p80.pdf>
3. <https://www.cdc.gov/lupus/facts/detailed.html>