



Guidance document for processing PM-JAY packages

Leptospirosis

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Leptospirosis	Leptospirosis	M100017	MG008A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS(Days): 3-5 Days

Minimum qualification of the treating/operating doctor:

Essential: MBBS

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

Special empanelment criteria/linkages to empanelment module- None

Disclaimer:

For monitoring and administering the claim management process of **Leptospirosis**, 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 National Center for Disease Control Guidelines on Leptospirosis is 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.

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:

Sr. No	Anicteric leptospirosis	Icteric leptospirosis	Severe leptospirosis
--------	-------------------------	-----------------------	----------------------

1	Fever	In addition to Anicteric symptoms following symptoms may be present	In addition to all the symptoms mentioned following symptoms may be present
2	Myalgia	Nausea	Jaundice
3	Conjunctival suffusion	Vomiting	Renal Dysfunction
4	Headache	Diarrhoea	Hemorrhagic pneumonitis
5	Renal Manifestation	Abdominal pain	Arrhythmias
6	Pulmonary Manifestation	Hypotension	Maculopapular erythematous skin eruptions
7	Hemorrhage	Circulatory Collapse	

Criteria for diagnosis:

Presumptive diagnosis

- A positive result in IgM based immune- assays, slide agglutination test or latex agglutination test or immunochromatographic test.
- A Microscopic Agglutination Test (MAT) titre of 100/200/400 or above in single sample based on endemicity.
- Demonstration of leptospires directly or by staining methods

Confirmatory diagnosis

- Isolation of leptospires from clinical specimen
- Four fold or greater rise in the MAT titer between acute and convalescent phase serum specimens run in parallel.
- Positive by any two different type of rapid test.
- Sero-conversion.
- PCR test.

**Programme for Prevention and Control of Leptospirosis, National guidelines diagnosis, case management, prevention and control of leptospirosis.*

1.3 Mandatory documents- For healthcare providers

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

Mandatory document	Leptospirosis
i. At the time of Pre-authorization	
a. Clinical notes detailing examination findings, investigations, Planned line of treatment	Yes
b. MAT (Microscopic Agglutination Test), PCR or IgM antibody test	Yes
c. LFT, KFT Reports	Yes

ii. At the time of claim submission	
a. Detailed Indoor case papers and treatment details	Yes
b. Detailed discharge summary	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

2.2.1 At the time of pre-authorization processing- For pre-authorisation processing doctor (PPD)

- Are all the sign and symptoms with vitals mentioned in the clinical notes?
- Are the reports related to IgM or MAT test submitted?
- Are the SGOT, SGPT, Sr. Bilirubin etc. submitted?
- Are the LFT, KFT test reports submitted?

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

- Are the detailed indoor case papers with daily vitals and treatment details available?
- Is discharge summary available with follow-up advise at the time of discharge?

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 in cases of Leptospirosis:

- Does the MAT test, or IgM test report confirm the presence of leptospirosis?
Yes

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

References:

- Programme for Prevention and Control of Leptospirosis, National guidelines diagnosis, case management, prevention and control of leptospirosis, National center for disease control, DGHS, Govt. of India.

