



Guidance document for processing PM-JAY packages

Continuous Renal Replacement therapy (CRRT)

Procedures covered: 1

Specialty: Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
CRRT	CRRT	M200098	MP028A	8,000

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: DM/DNB/ equivalent (Nephrology); MD/DNB/DCH/ equivalent (Pediatric Medicine)

Special empanelment criteria/linkage to empanelment module: Special expertise, equipment and trained staff in critical care dialysis (CRRT) and pediatric patient management. Care at Tertiary care hospital

1.2 Disclaimer:

For monitoring and administering the claim management process of **CRRT** 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 CRRT only if diagnosis made is backed by clinical manifestation

Continuous renal replacement therapy (CRRT) is useful in patients with unstable hemodynamic status, concomitant sepsis, or multiorgan failure in the intensive care setting.

- Acute Kidney Injury and one or more of the indications for initiating RRT:
 - a. hyperkalemia (> 6 mEq/L)
 - b. fluid overload (pulmonary edema, severe hypertension)
 - c. uremic encephalopathy
 - d. severe metabolic acidosis ($\text{TCO}_2 < 10\text{--}12$ mEq/L)
 - e. hyponatremia (120 mEq/L or symptomatic) or hypernatremia
- Patients with stage 5 CKD may have life-threatening biochemical abnormalities, requiring renal replacement therapies (RRT), [Kidney failure, end stage renal disease $< \text{GFR } 15$ (mL/min/1.73 m²)]

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 documents	CRRT
At the time of Pre-authorization	
Clinical notes detailing history	Yes
Notes showing evidence of unstable hemodynamic status	Yes
Investigations done –Serum creatinine	Yes
Indication for CRRT	Yes
Planned line of treatment	Yes
At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Any investigation done	Yes
Treatment details	Yes
Detailed Discharge summary	Yes



PART II: GUIDELINES FOR PROCESSING TEAM

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 there a H/O Acute kidney injury or chronic kidney disease with cardiovascular instability? Yes
- II. Is there an indication for CRRT? Yes
- III. Are other types of dialysis contraindicated? Yes

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

References

1. Robert M. Kliegman, MD. Nelson Textbook of Pediatrics, Twentieth edition. Pg 2543. Chapter 535. Renal Failure.
2. A Parthasarathy (Editor-in-chief). IAP Textbook of Pediatrics, Fifth Edition. Section 10: Diseases of Kidney and Urinary Tract, Section 10.6 - Acute kidney injury: Pg. 629
3. Brian C. Bridges, David J. Askenazi, et al. Pediatric Renal Replacement Therapy in the Intensive Care Unit. Blood Purif. 2012; 34(2): 138–148.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5545793/#!po=61.6667>
4. Strazdins V, Watson AR, Harvey B; European Pediatric Peritoneal Dialysis Working Group. Renal replacement therapy for acute renal failure in children: European guidelines. *Pediatr Nephrol*. 2004;19(2):199-207. doi:10.1007/s00467-003-1342-7
5. Guidelines for initiation, maintenance and discontinuation of continuous renal replacement therapy (CRRT) in (Surgical) ICU patients. 2017
6. Fealy N, Aitken L, Toit Ed, Baldwin I. Continuous renal replacement therapy: current practice in Australian and New Zealand intensive care units. *Crit Care Resusc*. 2015;17(2):83-91.