

**Government of Telangana**  
**Aarogyasri Health Care Trust**

**CIRUCLAR**

**Circular No. AHCT/P&C Dept./2017, Date: 18/05/2017.**

Sub: AHCT – P&C Dept., - Inclusion of S19.5-Allogeneic Stem Cell Transplantation and S19.6-Autologous Stem cell Transplantation under Aarogyasri Scheme – Guidelines for Allogeneic Bone Marrow Transplantation – Intimation - Reg.

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With reference to the subject cited, it is to inform that as per the Board Resolution No. 317/2016, Board has agreed for inclusion of Allogeneic Stem Cell Transplantation and Autologous Stem Cell Transplantation procedures in the listed therapies/procedures under Aarogyasri Scheme. Further, the Board has directed to reserve Allogeneic Stem Cell Transplantation and Autologous Stem Cell Transplantation procedures to Govt., Hospitals initially for NIMS & MNJ Hospitals.

The following are the guidelines for Allogeneic Bone Marrow Transplantation under Aarogyasri Scheme on pre-auth and claims evidences.

<b>Procedure Name</b>	<b>Aloogeneic Bone Marrow Transplantation</b>
Pre-authorisation Evidence	<p><b>I) Recipient Investigations</b></p> <ul style="list-style-type: none"><li>• Haemogram, Blood Group</li><li>• Bone marrow aspiration and Biopsy</li><li>• Chromosome Breakage study if less than 40 years</li><li>• HLA Typing results of patient and donor (matched)</li><li>• RBS,LFT,RFT</li><li>• Chest X ray, ECG,2D Echo</li><li>• Viral markers</li><li>• Hsv Type – I &amp; II</li><li>• CMV,IgG, IgM</li></ul> <p><b>II) Donor investigations</b></p> <ul style="list-style-type: none"><li>• Haemogram , RBS,LFT,RFT</li><li>• Chest X ray, ECG, 2D Echo</li><li>• Viral markers</li><li>• Hsv Type – I &amp; II</li><li>• CMV, IgG,,IgM</li></ul>

Claim Evidence	<ul style="list-style-type: none"> <li>i. Conditioning Chemotherapy which is given prior to stem cell infusion</li> <li>ii. Immunosuppression to prevent Graft versus host</li> <li>iii. Disease</li> <li>iv. Fludarabine Anti Thymocyte Globulin (ATG) and Cyclosporine, Methotrexate.</li> <li>v. IV Cyclosporine, Methotrexate.</li> <li>vi. Packed cells, SDP,RDP,FFP</li> <li>vii. Antibiotics and Antifungal medications such as Meropenem, Vancomycin, Teicoplanin,</li> <li>viii. Voriconazole, Caspofungin, Colestine, liposomal amphotercin</li> <li>ix. Hospital stay in HEPA filter rooms and other investigation including monitoring of cytomegalovirus infection (CMV), Cyclosporine levels etc,</li> <li>x. Approximately 30 days inpatient stay.</li> </ul>
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The Network Hospitals shall note that Allogeneic Stem Cell Transplantation and Autologous Stem Cell Transplantation procedures are reserved to Govt., Hospitals initially for NIMS & MNJ Hospitals and are requested to follow the above mentioned guidelines without fail.

  
 Chief Executive Officer

To

1. The MDs/CEOs/Medical Superintendents of all the Network Hospitals.
2. The GM (FOSS), AHCT with a request to communicate to all District Coordinators of State of Telangana.
3. The GM (PMU), AHCT with a request to place the circular in the AHCT portal.

Copy to:

1. All the HoDs, AHCT for favour of information.
2. The PS to CEO, AHCT for favour of information.