

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.

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.

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

Claim Evidence	<ul style="list-style-type: none"> i. Conditioning Chemotherapy which is given prior to stem cell infusion ii. Immunosuppression to prevent Graft versus host iii. Disease iv. Fludarabine Anti Thymocyte Globulin (ATG) and Cyclosporine, Methotrexate. v. IV Cyclosporine, Methotrexate. vi. Packed cells, SDP,RDP,FFP vii. Antibiotics and Antifungal medications such as Meropenem, Vancomycin, Teicoplanin, viii. Voriconazole, Caspofungin, Colestine, liposomal amphotercin ix. Hospital stay in HEPA filter rooms and other investigation including monitoring of cytomegalovirus infection (CMV), Cyclosporine levels etc, x. Approximately 30 days inpatient stay.
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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.