

Government of Telangana

Aarogyasri Health Care Trust

CIRUCLAR

Circular No. AHCT/P&C Dept., /2017, Date: 10 /07/2017.

Sub: AHCT- P&C Dept., - Pre-auth and Claims guidelines for submission of cases of Thalaseemia and Sickle Cell procedures under Aarogyasri Scheme – Instructions to the Network Hospitals – Intimation - Reg.

With reference to the subject cited, it is to inform that Trust has obtained inputs from the specialist's for Pre-auth and Claims cases of Thalaseemia and Sickle Cell procedures under Aarogyasri Scheme. Hence, the following are the guidelines for online submission of Pre-auth and Claims cases of Thalaseemia and Sickle Cell procedures by Network Hospitals under Aarogyasri Scheme.

I. GUIDELINES FOR SUBMISSION OF PRE-AUTHORISATIONS AND CLAIMS OF THALASSEMIA PROCEDURES

- i. For a new suspected case of Thalassemia, the first time base line investigations required for diagnosis are as follows :

S. No	Test / Investigation Required
1	CBC
2	LFT's
3	Creatine
4	LDH
5	Blood Group & Typing Including Mono antigen typing
6	Extended Panel Phenotyping
7	HPLC
8	HIV
9	HCV
10	HbsAg Whenever Required
11	Mutation (both for patient & parents)
12	Ultra Sound Abdomen
13	X-Ray Chest
14	Allo Antibody Screening

- ii. After confirming the diagnosis, the patient usually requires 1-2 blood transfusions per month and the required common investigations per year are as follows.

S. No	Investigation	No. of Times in a Year
1	CBP + Post Transfusion Hb	36
2	LFT	3
3	Ferritin	3
4	T3, T4, TSH	1
5	Creatinine	12
6	Phosphorus	3
7	Calcium	3
8	RBS	3
9	HIV	3
10	HBsAg	3
11	HCV	3
12	Urine for albumin	3
13	Vitamin D	1
14	Reticulocyte count	12
15	2D Echo, ECG	1
16	Chest X-Ray	1
17	Ultra Sound Abdomen	1
18	Allo Antibody Screening	2

- iii. The Hospital Shall Perform the said investigations along with any other investigations based on the requirement on cashless basis.
- iv. The Blood transfusion units / Chelating agent / supportive treatment i.e., including Folate, Protein Supplementation has to Provide at free of cost if required.
- v. Administration of sub cutaneous chelation therapy (inj. Desferal) **is not permitted under Day Care** Treatment. Only oral chelation therapy is permitted (Asunra 400mg, Kelfer 500mg, Desirox 500mg, and Defrijet 500mg).
- vi. The Estimation of Ferritin Levels has to be done 3 to 5 times in a tear or whenever required.
- vii. Hepatitis B Vaccination (3 Dosses) 0, 1 & 2 Months.
- viii. For every pre-authorization, the hospital has to submit same baseline confirming investigations Thalassemia Major Including supportive lab investigations.
- ix. During Claim Submission, the hospital has to attach cash sheet with blood transfusion details and treatment provided. i.e., blood transfusion slip, case sheet, transfusion photo, on bed photo, discharge photo with medicines, transport charges and follow-up advice.

II. GUIDELINES FOR SUBMISSION OF PRE-AUTHORISATIONS AND CLAIMS OF SICKLE CELL PROCEDURES

- i. For a new suspected case of Sickle cell Disease, the first time base line investigations required for diagnosis are as follows :

S. No	Test / Investigation Required
1	CBC
2	LFT's
3	Creatinine
4	LDH
5	Blood Group and Typing and Extended panel phenotyping
6	HPLC
7	HIV
8	HCV
9	HbsAg
10	Mutation (both for patient & parents)
11	Ultra Sound Abdomen
12	X-Ray Chest
13	Alloantibody Screening

- ii. Of all the Sickle cell patients 20% Required regular transfusions 1 unit per month,50% patients will be requiring Occasional Blood transfusions 3-4times for year some patients experiencing Sickle cell crisis like painful crisis, haemolytic crisis, sequestration crisis(spleen , lung),CNS Stroke (about 30%) patient will required to maintain haemoglobin of 10gm/dl during the time of crisis. Patient who requires surgery for avascular necrosis will be required to maintain HB of 10gm/dl at the time of surgical procedure.
- iii. Once the disease is confirmed the required common investigations per year are as follows.

S. No	Investigation	No. of Times in a Year
1	CBP + Post Transfusion Hb	24
2	LFT	3
3	Ferritin	2
4	Creatinine	6
5	Phosphorus	3
6	Calcium	3
7	RBS	2
8	HIV	3
9	Hbs Ag	3
10	HCV	3
11	Vitamin D	1
12	2D Echo, ECG	1
13	Chest X-Ray	1
14	Ultra Sound Abdomen	2
16	Alloantibody Screening	2
17	CT Scan Brain and P & C	1

- iv. The Hospital Shall Perform the said investigations along with any other investigations based on the requirement on cashless basis.
- v. The Blood transfusion units / Hydroxyurea / supportive treatment i.e., including Folate, Protein Supplementation has to Provide at free of cost if required.
- vi. Capsules Hydroxyurea dosages 22-25 Mg/kg in divided dose to be given for patient with at least 3 or more painful crisis who are requiring multiple transfusions.
- vii. Hepatitis B Vaccination to be given for 3 doses at (0,1,2months)
- viii. Pneumococcal Vaccination to be given to all patients with sickle cell disease (once).
- ix. Haemoglobin to be maintained at 10gm/dl for patients who are experiencing sickle cell crisis (Painful crisis, Haemolytic crisis, sequestration crisis of lung and spleen)

Hence, all the Network Hospitals of Telangana State are hereby informed to follow the above mentioned guidelines for submission of Pre-auth and Claims of Thalaseemia and Sickle Cell procedures under Scheme.


10/7/17
Chief Executive Officer

To

1. The MD/CEO/Medical Superintendent of all the Network Hospitals.
2. The GM (PMU), AHCT with a request to place in the AHCT Portal.
3. The GM (FOSS), AHCT with a request to communicate all the District Coordinators of Telangana State

Copy to:

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