



Guidance document for processing PM-JAY packages

Peripheral Arterial Thrombosis

Procedures covered: 1

Specialty: General Medicine

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Peripheral Arterial Thrombosis	Peripheral Arterial Thrombosis	New Package	MG079A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (In days): 5 Days

Minimum qualification of the treating doctor:

Essential: MBBS, DNB/MD equivalent in General Medicine

Special empanelment criteria/linkage to empanelment module: Tertiary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **Peripheral Arterial Thrombosis** 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:

Peripheral Arterial Thrombosis is the formation of a thrombus within an artery in the upper or lower extremities. In most cases, it follows rupture of atheroma (a fat-rich deposit in the blood vessel wall), and is therefore referred to as atherothrombosis. An arterial thrombus in the limbs can lead to acute limb ischemia.



Signs & Symptoms: Pallor, Pain, Paresthesia, Paralysis, Pulselessness and Poikilothermia.

Diagnosis: Blood Tests, Doppler Ultrasound, CT, MRI or MRA

Medical Management: The medical approach is multifaceted and includes

- Cholesterol reduction
- Antiplatelet therapy
- Anticoagulation
- Peripheral vasodilators
- Blood pressure management
- Exercise therapy and
- Smoking cessation

Adherence to this regimen can reduce limb-related complications like critical limb ischemia and amputation, as well as systemic complications of atherosclerosis like stroke and myocardial infarction.

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 document	Peripheral Arterial Thrombosis
i. At the time of Pre-authorization	
a. Clinical notes detailing history and admission notes showing vitals and examination findings.	Yes
b. Investigation reports such as Blood tests & Doppler Ultrasound	Yes
c. Relevant investigations MRI/CT/MRA (optional)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. Relevant Investigations report Blood tests & Doppler Ultrasound	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization 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:

Mandatory document	Peripheral Arterial Thrombosis
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes detailing history and admission notes showing vitals and examination findings.	Yes
b. Were the investigation reports (Blood test & Doppler Ultrasound) submitted?	Yes
c. Were the relevant investigations MRI/CT/MRA submitted? (optional)	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the treatment details submitted?	Yes
c. Are the relevant investigation reports (Blood test & Doppler Ultrasound) submitted?	Yes
d. Is a detailed discharge summary submitted?	Yes

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:

- Were the patient's investigations (Blood Test & Doppler Ultrasound) suggestive of the diagnosis? Yes

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

References:

- Thrombosis Available from: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/thrombosis>



2. Smith DA, Lilie CJ. Acute Arterial Occlusion. [Updated 2020 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441851/>
3. Bevan Graham H., White Solaru Khendi T. Evidence-Based Medical Management of Peripheral Artery Disease. Arterioscler Thromb Vasc Biol. 2020 Mar 1; 40(3):541–53.