



Guidance Document for Processing PM-JAY Packages

SYMPATHECTOMY

Package Covered: 01
Speciality: General Surgery / Pediatric Surgery / Vascular Surgery

AB PM-JAY Package Name	AB PM-JAY Procedure Name	Procedure Code HBP 1.0.	Procedure Code HBP 2.1	Procedure Code HBP 2022	Package Price
Sympathectomy	Sympathectomy (U/L)	S100239 S100229	SG073A	SG073A	NRP: Rs. 16,500/- Tier 3: Rs. 20,700/- Tier 2: Rs. 23,500/- Tier 1: Rs. 24,800/-
Sympathectomy	Sympathectomy (B/L)	S100239 S100229	-	SG073B	NRP: Rs. 35,000/- Tier 3: Rs. 35,000/- Tier 2: Rs. 41,000/- Tier 1: Rs. 43,800/-

Average Length of Stay (ALOS): 5-7 Days

Minimum Qualification of the treating/operating doctor:

Essential: MS/DNB/Equivalent (General Surgery) (or) MCh/DNB/Equivalent (Pediatric Surgery, Vascular Surgery)

Special Empanelment Criteria / Linkages to Empanelment Module: Care at Tertiary Hospital

Disclaimer:

NHA shall follow these guidelines to monitor and administer the claim management process of **Sympathectomy**. This document has been prepared for the guidance of the PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of the procedures mentioned above. However, this document doesn't provide any guidance on a patient's clinical and therapeutic management.

PART I: Guidelines for Clinicians and Healthcare Providers

1.1 Objective:

The objective of this section is to act as a guidance and a clinical decision support tool for the clinicians in deciding the line of treatment, planning clinical management of patients and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PM-JAY and selection of the 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 PM-JAY.

1.2 Clinical Key Pointers:

Sympathectomy is a surgical procedure that destroys nerves in the sympathetic nervous system. The procedure increases blood flow and decreases long-term pain in certain diseases that cause narrowed blood vessels. It can also be used to reduce excessive sweating. This surgical procedure cuts or destroys the sympathetic ganglia, a collection of nerve cell bodies in clusters along the thoracic or lumbar spinal cord.



- **Indications:**
 - Sympathectomy is performed to relieve ischemia when the fingers, toes, ears, or nose are exposed to cold (Raynaud's phenomenon)
 - Sympathectomy may help treat Reflex Sympathetic Dystrophy (RSD), which sometimes develops after an injury.
 - Sympathectomy also effectively treats excessive sweating (Hyperhidrosis) of the palms, armpits, or face.
 - Rest pain in Thromboangitis obliterans (TAO)
- **Diagnosis/Preparation**
 - A reversible block of the affected nerve cell (ganglion) determines if sympathectomy is needed.
- **Procedures**
 - **Lumbar Sympathectomy**
 - It is the indirect surgery done for TAO patients if direct arterial surgery is not possible
 - Indications:
 - Cutaneous ulcer
 - Rest pain
 - **Cervical Sympathectomy**
 - In this operation, the sympathetic trunk from the lower half of the stellate ganglion to just below the 3rd thoracic ganglion is removed.
 - Indications:
 - Raynaud's Disease
 - TAO
 - Hyperhidrosis
 - Causalgia

1.3 Mandatory Documents – For Healthcare Providers:

Following documents should be uploaded by the concerned hospital staff during pre-authorisation and claims submission.

I. For Pre-Authorisation:

- a. Clinical Notes with Indications and planned line of treatment
- b. Clinical Photograph
- c. Doppler Ultrasound Blood Flow
- d. Duplex Scan (Optional)
- e. Angiography (Optional)
- f. Magnetic Resonance Angiography (MRA) (Optional)
- g. CT Angiography (Optional)

II. For Claims Submission:

- a. Detailed Indoor Case Papers (ICPs)
- b. Detailed Operative/Procedure Notes
- c. Intraoperative clinical photograph (Optional)
- d. Detailed Discharge Summary



PART II: Guidelines for Processing Team

2.1 Objective:

To guide the Pre-Authorisation and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by the 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.

I. At the time of Pre-Authorisation processing – For PPD

- i. Clinical notes – detailed history, signs and symptoms, planned line of treatment, indication for the procedure.
- ii. Did clinical picture and imaging confirm the diagnosis?

II. At the time of Claim Processing – For CPD

- i. Are the detailed ICPs with daily vitals and treatment details available?
- ii. Are the detailed Operative/Procedure notes available?
- iii. Is the discharge summary with follow-up advice available at the time of discharge?
- iv. Was the imaging indicative of surgery?

PART III: Guidelines for IT

3.1 Objective:

To enable the setting up of cross-check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and 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 in case of Sympathectomy:

a. At Pre-Authorisation (PPD):

- i. Were the patient's clinical history/investigations indicative of the Procedure? Yes.
- ii. Whether the investigation reports confirm the diagnosis? Yes.

b. At Claim Submission (CPD):

- i. Whether detailed Operative/Procedure notes submitted? Yes.
- ii. Whether detailed Discharge Summary Submitted? Yes.

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

References:

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar), Manipal Manual of Surgery, 4th Edition.
2. Anthony J Senagore, The Gale Encyclopedia of Surgery, 2004; A Guide for Patients and Caregivers.