



Guidance Document for PM JAY package Catheter Directed Thrombolysis (CDT)- Deep Vein Thrombosis (DVT)

Procedures covered: 1 Specialty: Cardiology/Interventional Neuroradiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
I. Catheter Directed Thrombolysis- Deep Vein Thrombosis	Catheter Directed Thrombolysis- Deep Vein Thrombosis	S1200039	MC002A	30,800

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: DM/ DNB/ Equivalent (Cardiology)/ Fellowship/ Training (Interventional Radiology)

Special empanelment criteria/linkage to empanelment module: Functional Cardiac Cath lab/ Interventional Radiology lab

Disclaimer:

For monitoring and administering the claim management process of **Catheter Directed Thrombolysis- Deep Vein 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 the ICMR poster and other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this document 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:

Deep vein thrombosis (DVT) is a major health problem worldwide. Risk factors for DVT are advanced age, major surgery, prolonged bed rest, prior DVT, malignancy, contraceptive therapy, pregnancy or blood clotting disorders. The risk of pulmonary embolism following DVT is well established, but the long-term vascular sequelae of DVT are often underappreciated, costly to manage, and can have extremely detrimental effects on quality of life. Treatment of

DVT classically involves oral anticoagulation, which reduces the risk of pulmonary embolism but does not remove the clot and does little to prevent venous damage and scarring, leaving patient at risk for permanent venous insufficiency and development of post-thrombotic syndrome (PTS). It affects valvular function leading to venous reflux and chronic venous hypertension (congestion). PTS is a chronic debilitating clinical entity characterized by a spectrum of disease severity from chronic leg swelling and pain, to skin changes, claudication, and in severe cases ulceration.

Catheter-directed thrombolysis (CDT) is a minimally invasive endovascular treatment that is used as an adjunct to anticoagulation, if given preferably within 2 weeks of onset and it prevents severe PTS, as compared to anticoagulation alone. A catheter is advanced directly to the site of thrombosis under fluoroscopy followed by a slow, prolonged infusion of a relatively low dose of thrombolytic agent. CDT restores venous patency faster than anticoagulation, which hastens the relief of acute symptoms. Adjunctive CDT modalities have become increasingly popular among interventional radiologists, allowing for additional mechanical thrombectomy or ultrasound-enhanced thrombolysis at the time of catheter placement.

DVT has varied presentation, from asymptomatic to catastrophic pulmonary embolism. Common Signs and Symptoms of DVT are:

- i. **Symptoms:**
 - a. Pain in a leg or hip
 - b. Warm and Red Skin over affected limb
 - c. Asymmetrical Swelling in limb
 - d. Symptoms of Pulmonary Thromboembolism in case of thrombus migration to lungs (chest pain, hemoptysis, breathlessness)
- ii. **Signs:**
 - a. Tenderness in limb
 - b. Edema in limb
 - c. Homan's Sign: Pain on dorsiflexion of foot
 - d. Signs of Pulmonary Thromboembolism as described above

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	Catheter Directed Thrombolysis- Deep Vein Thrombosis
i. At the time of Pre-authorization	
a. Clinical Notes with planned line of treatment	Yes
b. Colour Doppler/ CT angio Report	Yes

ii. At the time of claim submission	
a. Procedure/ Operation notes	Yes
b. Post procedure Colour Doppler/ angio report of affected limb	Yes
c. Detailed discharge summary	Yes
d. Invoices of catheter used	Yes
e. Invoice of thrombolytic drug (tPA) used	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR IT

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:

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

1. Was the Colour Doppler of affected limb indicative of Deep Vein Thrombosis? Yes

References

1. Fleck D, Albadawi H, Shamoun F, Knuttinen G, Naidu S, Oklu R. Catheter-directed thrombolysis of deep vein thrombosis: literature review and practice considerations. Cardiovasc Diagn Ther. 2017;7(Suppl 3): S228-S237. doi:10.21037/cdt.2017.09.15
2. InformedHealth.org. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Deep vein thrombosis (DVT): Overview. 2017 Mar 23