



## Guidance document for PM JAY package

### Pericardial window (via thoracotomy)

Procedures covered/ Procedure Count: 1

Specialty: CTVS

Package name	Package name	HBP code 1.0	HBP code 2.0	Package price	ALOS
Pericardial window (via thoracotomy)	Pericardial window (via thoracotomy)	New Package	SV011A	30,000	7 days

#### Minimum qualification of the treating doctor:

**Essential:** M.Ch./DNB/equivalent (Cardiothoracic Surgery)

**Special empanelment criteria/linkage to empanelment module:** Cardiothoracic Surgery OT

#### Disclaimer:

For monitoring and administering the claim management process of **Pericardial window (via thoracotomy)**, 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:**

Pericardial effusion is an acute or chronic accumulation of fluid within the pericardial space. Effusion can be transudative, exudative, or sanguineous. The predominant etiology of the effusion varies by demographic characteristics such as age, geography, and comorbidities. Viral pericarditis leading to effusion is the most common cause in the developed world. In

developing areas, pericardial effusion due to *Mycobacterium tuberculosis* is quite prevalent. Bacterial and parasitic etiologies are less common. Among non-inflammatory pericardial effusions, multiple malignant neoplasms can lead to pericardial effusion.

### Clinical Features

The clinical presentation of pericardial effusion is along a spectrum from a clinically irrelevant, incidental finding to life-threatening cardiac tamponade.

- History: In patients with pericardial effusion due to pericarditis, patients often present with chest pain and dyspnea with symptoms that improve while sitting upright and worsen while lying flat due to the inflamed pericardium contacting adjacent structures. Patients may also present with symptoms that are not specific for pericardial effusion, including dyspnea, edema, and fatigue.
- Physical exam: Pericardial effusion leading to pericardial tamponade should be on the differential for patients in cardiac arrest or with vital sign abnormalities, including hypotension and tachycardia. The classic teaching of Beck's triad (hypotension, jugular venous distension, and muffled heart sounds) is only found in a minority of patients. Other physical exam findings unique to pericardial effusion include Ewart's sign (dullness to percussion at the base of the left inferior scapular border in conjunction with tubular breath sounds and egophony).

### Diagnosis

Transthoracic echocardiography (TTE) or transesophageal echocardiography (TEE) is the diagnostic modality of choice when evaluating for pericardial effusion. Echocardiography provides a dynamic assessment of the pericardial effusion allowing for quantification of the size of the effusion and determination of whether there is evidence of cardiac tamponade physiology.

### Treatment

Techniques for drainage include needle pericardiocentesis via subxiphoid or anterior thoracic approach with or without placement of a pericardial drain for serial evacuation, percutaneous balloon pericardiotomy, emergent thoracotomy, and pericardiotomy, and surgical pericardial window via subxiphoid, or anterior mini-thoracotomy, or video-assisted thoracoscopic surgery (VATS) approach.

Surgical pericardial drainage procedures, “Pericardial Windows”, are often requested for both diagnostic and therapeutic purposes. The perceived diagnostic benefit is that it allows for determination of malignancy or infection for patients with PEs of unclear etiology through testing of the pericardial fluid and tissue.

### 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	Pericardial window (via thoracotomy)
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

## **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:**

1. Was the Echo/ Doppler report suggestive of Pericardial Effusion? Yes

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

## **References**

1. Willner DA, Goyal A, Grigorova Y, et al. Pericardial Effusion. [Updated 2020 Apr 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-
2. Volk L, Ikegami H, Lee LY, Lemaire A. Pericardial windows have limited diagnostic success. *J Cardiothorac Surg*. 2018;13(1):87. Published 2018 Jul 18. doi:10.1186/s13019-018-0774-x