



Guidance document for PM JAY package

Pericardiectomy

Procedures covered/ Procedure Count: 1

Specialty: CTVS

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price | ALOS |
|-----------------|-----------------|--------------|--------------|---------------|--------|
| Pericardiectomy | Pericardiectomy | S1300052 | SV012A | 67,000 | 10days |

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 **Pericardiectomy**, 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:

Chronic Constrictive pericarditis (CCP) is a condition in which granulation tissue formation in the pericardium results in loss of pericardial elasticity leading to restriction in the ventricular filling. Worldwide, the leading cause of constrictive pericarditis is tuberculosis, and the incidence is about 50% of patients with tuberculous pericardial effusion despite antitubercular therapy. In developed nations, the leading cause of this condition is idiopathic or post-viral infection with incidence being 40% to 60% of total cases. It is also a known

complication of any cardiac surgery and is a fairly common complication of mediastinal radiation therapy with an incidence ranging from 2% to 30% in patients treated with radiation. It has also been associated with connective tissue disorders such as rheumatoid arthritis and systemic lupus erythematosus (SLE).

Clinical Features

Patients will often present with chronic symptoms. Their symptoms may be related to volume overload like weight gain and swelling or may be related to decreased cardiac output like progressive fatigue and dyspnea on exertion. They may also complain of increasing abdominal girth or abdominal discomfort. Abdominal complaints are secondary to either ascites or congestive hepatomegaly.

On physical examination, the jugular venous pressure (JVP) is usually elevated, however, may be normal in early constrictive pericarditis. JVP does not decrease with inspiration, and this is known as Kussmaul's sign. An accentuated heart sound heard earlier than third heart sound called pericardial knock can be heard in almost half of the patients. Abdominal examination may reveal ascites or hepatomegaly.

Management

Pericardiectomy is the only definitive management of chronic constrictive pericarditis and effort should be made to remove as much of the pericardium as possible. Extensive penetration of the myocardium by fibrosis and calcification is associated with poor outcome. Operative mortality ranges from 55% to 10%. It should be considered very cautiously in patients with the mild disease with few symptoms or patients with advanced disease and other comorbidities due to the high mortality of the procedure.

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 | Pericardiectomy |
|--|-----------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Echo/Doppler report | Yes |
| ii. At the time of claim submission | |
| 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

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 | Pericardial window (via thoracotomy) |
|--|---|
| i. Pre-auth processing Doctor (PPD) | |
| a. Clinical notes - detailed history, signs & symptoms, indication for procedure | Yes |
| b. Was the Echo/ Doppler report suggestive of Constrictive pericarditis? | Yes |
| ii. Claims processing Doctor (CPD) | |
| a. Are the detailed Procedure / Operative notes submitted? | Yes |
| b. Is the Post procedure still of ECHO submitted? | Yes |
| c. Is there a Detailed Discharge Summary mentioning date of follow-up 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:

1. Was the Echo/ Doppler report suggestive of Constrictive pericarditis? Yes

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

References

1. Yadav NK, Siddique MS. Constrictive Pericarditis. [Updated 2019 Dec 16]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan