

Guidance Document for processing PM-JAY packages Right/ Left Heart Catheterization

Procedures covered/ procedure count: 2 Specialty: Cardiology

| Package name | Procedure name | HBP code 1.0 | HBP code 2.0 | Package price | ALOS |
|--------------------------------|-----------------------------|--------------|--------------|-----------------------|--------|
| I. Right Heart Catheterization | Right Heart Catheterization | New Package | MC001A | 5,000+cost of implant | 2 days |
| II. Left Heart Catheterization | Left Heart Catheterization | New Package | MC001B | 5,000+cost of implant | 2 days |

Minimum qualification of the treating doctor:

Essential: DM/ DNB/ equivalent (Cardiology)

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

Disclaimer: For monitoring and administering the claim management process of **Right/ Left Heart Catheterization**, 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:

Cardiac catheterization is a procedure used to access, delineate and record pressure of different chambers and vasculature of heart, using hollow catheters and inject radio-opaque dye to visualize anatomy, as shown on image intensifier. Cardiac catheterization is generally a supplementary test preceded by appropriate non-invasive tests. There are two main types of cardiac catheterization:

- **Right heart catheterization** (venous or flow-directed catheter): The catheter is inserted through femoral vein and then advanced to the right ventricle and the pulmonary

artery. The catheter is used to measure the pressure levels in the right ventricle and the pulmonary artery. A contrast medium is injected through the catheter so that the right chamber, the circulation of blood and the function of the cardiac valves can be examined.

- **Left heart catheterization** (arterial catheter): The catheter is advanced through femoral artery or radial/ulnar artery into the heart's left ventricle. After a contrast medium has been injected it's possible to examine the left ventricle, the aorta, the circulation of blood and the performance of the cardiac valves.

Coronary angiography is the commonest left heart catheterization procedure where contrast medium is injected into the coronary arteries to find possible narrowing. Treatment can be performed during or after the examination; a significant narrowing can be dilated with a catheter mounted balloon, followed by stent implantation. Various other therapeutic interventions in valvular heart disease or congenital heart disease can also be performed by catheterization.

Indications of cardiac catheterization are dependent on the underlying diagnosis, where either it complements other non-invasive diagnostic tests or may be helpful in management. Few important indications Cardiac catheterization can be categorized as follows:

- Evaluation and management of suspected coronary artery disease.
- Evaluation of and management of valvular dysfunction.
- Evaluation and management of congenital heart disease.
- Cardiac biopsy: To evaluate suspected cardiac transplant rejection or secondary cardiomyopathies

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 | Right Heart Catheterization | Left Heart Catheterization |
|---|-----------------------------|----------------------------|
| i. At the time of Pre-authorization | | |
| a. Clinical Notes with planned line of treatment and indication for procedure | Yes | Yes |
| b. ECG | Yes | Yes |
| c. Echo report with stills | Yes | No |
| ii. At the time of claim submission | | |
| a. Procedure/ Operation notes | Yes | Yes |
| b. Detailed discharge summary | Yes | Yes |
| c. Invoices of catheter and other accessories used | Yes | 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 | Right Heart Catheterization | Left heart Catheterization |
|---|------------------------------------|-----------------------------------|
| i. At the time of Pre-authorization | | |
| a. Clinical notes - detailed history, signs & symptoms, indication for procedure? | Yes | Yes |
| b. Was the ECG of the patient submitted? | Yes | Yes |
| c. Was Echo report of patient with stills submitted? | Yes | Yes |
| ii. At the time of claim submission | | |
| a. Are the detailed Procedure/ Operation notes submitted? | Yes | Yes |
| b. Is there a Detailed Discharge Summary mentioning date of follow-up submitted? | Yes | Yes |
| c. Is the Invoice of catheter and other accessories used submitted? | Yes | Yes |

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:

No IT control is required as it is a diagnostic test.



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

References

1. InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. What happens during cardiac catheterization? 2016 Mar 9