



Guidance document for PM JAY package

Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)

Packages covered/ package count: 1

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)	S1300030	SV010A	111,000	10 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 **Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)**, 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:

Hypertrophic cardiomyopathy (HCM) is a disease of the myocardium characterized by hypertrophy of the left ventricle that is greater than or equal to 13-15 mm in diameter

Dynamic left ventricular outflow obstruction is a major cause of exertional symptoms in patients with hypertrophic cardiomyopathy. The obstruction is secondary to systolic anterior motion of the mitral valve abutting against a hypertrophied septum, resulting in diastolic dysfunction, myocardial oxygen supply-demand mismatch, reduced forward output, and secondary mitral regurgitation. Medical treatment directed at decreasing contractility, improving diastolic filling, and slowing heart rate can be successful in reducing symptoms in many patients. However, there is a subset of patients who remain severely symptomatic, despite optimal medical therapy.

Symptoms & Signs of HOCM are:

1. Symptoms

- a. Angina on effort
- b. Dyspnea on effort
- c. Syncope on effort

2. Signs

- a. Jerky pulse
- b. Palpable left ventricular hypertrophy
- c. Double impulse at apex (palpable fourth heart sound due to left atrial hypertrophy)
- d. Mid-systolic murmur at base
- e. Pansystolic murmur at apex (due to mitral regurgitation)

Management

Septal reduction therapy is indicated for patients who have significant Left Ventricular Outflow Tract Obstruction (LVOTO) with refractory symptoms on medical therapy, and can be achieved through surgical myectomy or percutaneous alcohol septal ablation (ASA)

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	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)
i. At the time of Pre-authorization	
a. Clinical notes	Yes

b. ECG with report of cardiologist	Yes
c. Echo/ color Doppler report with stills	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure echo/colour Doppler report	Yes
d. 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	Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)
I. Pre-auth processing Doctor (PPD)	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the ECG and its report by cardiologist suggestive of Hypertrophic obstructive cardiomyopathy?	Yes
c. Was the Echo/ color doppler report suggestive of Hypertrophic obstructive cardiomyopathy?	Yes
II. Claims processing Doctor (CPD)	
a. Are the Indoor case papers submitted?	Yes
b. Are the detailed Procedure / Operative notes submitted?	Yes
c. Did the post procedure echo/ colour doppler report confirm decrease in septal thickness?	Yes
d. 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 patient Echo/ colour doppler report suggestive of hypertrophic obstructive cardiomyopathy? Yes

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

References

1. Wu JJ, Seco M, Medi C, et al. Surgery for hypertrophic cardiomyopathy. *Biophys Rev.* 2015;7(1):117-125.
2. Rubin DN, Tuzcu EM, Lever HM. Percutaneous transluminal septal myocardial ablation. *CurrCardiol Rep.* 2000;2(2):160-165.
3. Bhagwande R, Woo A, Ross J, et al. Septal ethanol ablation for hypertrophic obstructive cardiomyopathy: early and intermediate results of a Canadian referral centre. *Can J Cardiol.* 2003;19(8):912-917.
4. Davidson's Principles and Practice of Medicine 21st edition pg 636