



## Guidance document for PM JAY package

### Thrombo-embolectomy

**Procedures covered/ Procedure Count: 1**

**Specialty: CTVS/ General Surgery/ Pediatric Surgery**

Package name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Thrombo-embolectomy	Thrombo-embolectomy	S1300072, S1300091	SV020A	28,000	4 days

**Minimum qualification of the treating doctor:**

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

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

**Disclaimer:**

For monitoring and administering the claim management process of **Thromboembolectomy**, 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:**

A sudden decrease in limb perfusion that threatens limb viability defines acute limb ischemia (ALI) and represents a major vascular emergency. The clinical presentation is considered to be acute if it occurs within 14 days after symptom onset. In contrast to critical

limb ischemia (CLI), also called chronic limb-threatening ischemia (CLTI), in which collateral blood supply is often present, ALI threatens limb viability in a very short interval, because there is insufficient time for new blood vessel growth to compensate for the loss of perfusion.

### Clinical Features

Symptoms develop in several minutes, to hours or days, and range from new or worsening intermittent claudication to severe rest pain, paresthesia, muscle weakness, paralysis and even gangrene.

The classical description of patients with ALI is grouped into a mnemonic known as the “6 Ps”: pain, pallor, paralysis, pulse deficit, paresthesia and poikilothermia.

### Diagnosis

Duplex ultrasound (DUS) is the first imaging choice to assess ALI. It is widely available, has a low cost, is non-invasive, non-irradiant and it takes a relative short time to perform. DUS is useful to assess the anatomic location and the degree of obstruction (complete vs. incomplete). CTA and MRA are high-resolution imaging tools available for the diagnosis of acute limb ischemia.

### Indications

Patient with ALI with a viable limb who is not suitable for thrombolysis should be taken up for thromboembolectomy.

### 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	Thrombo-embolectomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Duplex USG report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. 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	Thrombo-embolectomy
<b>i. Pre-auth processing Doctor (PPD)</b>	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the duplex USG suggestive of acute limb ischemia?	Yes
<b>ii. Claims processing Doctor (CPD)</b>	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. 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 CT Angio report suggestive of acute limb ischemia? Yes

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

### **References**

1. Olinic DM, Stanek A, Tătaru DA, Homorodean C, Olinic M. Acute Limb Ischemia: An Update on Diagnosis and Management. *J Clin Med*. 2019;8(8):1215.
2. Creager M.A., Kaufman J.A., Conte M.S. Clinical practice. Acute Limb Ischemia. *N. Engl. J. Med*. 2012;366:2198–2206.
3. Eliason J.L. et al A national and single institutional experience in the contemporary treatment of acute lower extremity ischemia. *Ann. Surg*. 2003;238:382–389.
4. Conte M.S. et al. Global vascular guidelines on the management of chronic limb-threatening ischemia. *J. Vasc. Surg*. 2019;69:3S–125S.
5. Karnabatidis D., Spiliopoulos S., Tsetis D., Siablis D. Quality improvement guidelines for percutaneous catheter-directed intra-arterial thrombolysis and mechanical thrombectomy for acute lower-limb ischemia. *Cardiovasc. Interv. Radiol*. 2011;34:1123–1136.