



Guidance document for processing PM-JAY packages

Sympathectomy

Procedures covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Sympathectomy	Sympathectomy	S100239, S100229	SG073A	15,000

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (General Surgery), MCh/DNB/Equivalent (Pediatric surgery, Vascular Surgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

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

Sympathectomy is a surgical procedure that destroys nerves in the sympathetic nervous system. The procedure is performed to increase blood flow and decrease long-term pain in certain diseases that cause narrowed blood vessels. It can also be used to decrease excessive sweating. This surgical procedure cuts or destroys the sympathetic ganglia, which are collections of nerve cell bodies in clusters along the thoracic or lumbar spinal cord.

Indications

- Sympathectomy is performed to relieve ischemia when the fingers, toes, ears, or nose are exposed to cold (Raynaud's phenomenon).
- Sympathectomy may be helpful in treating reflex sympathetic dystrophy (RSD), a condition that sometimes develops after injury.
- Sympathectomy is also effective in treating excessive sweating (hyperhidrosis) of the palms, armpits, or face.
- Rest pain in Thromboangitis obliterans (TAO)

Diagnosis/Preparation

A reversible block of the affected nerve cell (ganglion) determines if sympathectomy is needed.

Procedures

- **Lumbar sympathectomy**
 - It is the indirect surgery done for TAO patients if direct arterial surgery is not possible
 - INDICATIONS: Cutaneous ulcer and rest pain
- **Cervical sympathectomy**
 - In this operation, sympathetic trunk from the lower half of the stellate ganglion to just below the 3rd thoracic ganglion is removed
 - INDICATIONS:
 - Raynaud's disease
 - TAO
 - Hyperhidrosis
 - Causalgia

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	Sympathectomy
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photographs	Yes
Investigations	Yes
1. Doppler ultrasound blood flow	
Optional	Yes
1. Duplex scan	
2. Angiography (arteriography)	
3. Magnetic Resonance Angiography (MRA)	
4. CT Angiography	

Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Clinical notes - detailed history, signs & symptoms, planned line of treatment, indication for procedure?
- Did clinical presentation and imaging confirm the diagnosis?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was the imaging indicative of surgery?

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:

- Was clinical presentation, severity and imaging indicative of surgery? Yes

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



References

1. K Rajgopal Shenoy, Anitha Shenoy (Nileshwar). Manipal Manual of Surgery. Fourth Edition.
2. Anthony J. Senagore. The GALE ENCYCLOPEDIA of Surgery. 2004. A GUIDE FOR PATIENTS AND CAREGIVERS. Volume 3 (P-Z).