

Guidance document for processing PM-JAY packages

Thoracoplasty

Procedures covered: 1

Specialty: General/Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Thoracoplasty	Thoracoplasty	S100233	SG079A	20,000

ALOS: 5-7 Days

Minimum qualification of the treating doctor:

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

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

Disclaimer:

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

The term thoracoplasty refers to a spectrum of operations designed to reduce the volume of a hemithorax. The purpose of thoracoplasty is to achieve pleural space obliteration. It is a surgical procedure that was originally designed to permanently collapse the cavities of pulmonary tuberculosis by removing the ribs from the chest wall. It involved resection of multiple ribs, allowed the apposition of parietal to the visceral or mediastinal pleura.

Indications

- Cavitary tuberculosis (of apical and posterior segments of upper lobe*)
- Empyema

- Bronchopleural fistula
- Persistent spaces following pulmonary resections

Clinical features

Many are asymptomatic. Complete unilateral thoracoplasty may be associated with dyspnea or chest discomfort

Procedure types

- **Intrapleural thoracoplasty**
 - Involves multiple rib excisions as well as resection of the parietal pleura, periosteum, intercostal muscles, and intercostal neurovascular with preservation of intercostal muscles which is allowed to fall into the cavity
- **Extrapleural thoracoplasty**
 - The rib periosteum, intercostal muscle and parietal pleura are preserved and allowed to drop into cavity
- **Plombage thoracoplasty**
 - A space is created between the rib cage, periosteum and endothoracic fascia (without resecting the ribs)
 - In this extrapleural space is inserted the plombe (methymethacrylate spheres, lead bullets, tissue expanders, sponge, lucite balls and oil)
- **Tailoring (limited) thoracoplasty**
 - A limited operation
 - Only a few ribs are removed

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	Thoracoplasty
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Evaluation	Yes
Chest X-ray/CT/MRI	Yes
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
X-ray Chest prior to discharge	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, and indication for procedure?
- Did 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?
- Was X-ray Chest submitted prior to discharge?

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 and imaging indicative of surgery? Yes

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

References



1. Nichols, F. C. (2010). *Chest Wall. Medical Management of the Thoracic Surgery Patient*, 449–467. doi:10.1016/b978-1-4160-3993-8.00050-7
2. Stefani A, Jouni R, Alifano M, et al. Thoracoplasty in the current practice of thoracic surgery: a single-institution 10-year experience. *Ann Thorac Surg*. 2011;91(1):263-268. doi:10.1016/j.athoracsur.2010.07.084
3. Franco KL, Thourani VH. *Cardiothoracic Surgery Review*. Lippincott Williams & Wilkins, 2012. ISBN:1609132351