



Guidance document for PM JAY package

Excessive bleeding requiring re-exploration

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)	Remarks
Excessive bleeding requiring re-exploration	Excessive bleeding requiring re-exploration	New Package	SV034A	10,000	Add - On Procedure

ALOS: Additional 2-3 days based on the clinical condition and primary disease

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (in Cardiothoracic Surgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Excessive bleeding requiring re-exploration**, 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:

Post-operative bleeding requiring surgical re-exploration is a frequent complication following cardiac surgery. Re-exploration for bleeding is associated with increased operative mortality and morbidity after cardiac surgery.

The interplay between time to re-exploration for bleeding and volume bled before must be taken in the context of the patient's clinical picture and no one factor should be relied upon.

- The re-sternotomy rate for bleeding or tamponade following first pericardiotomy is ~1–2%.
- Resternotomy is best performed in OR (sterility, light, equipment), but if patient too unstable to transfer can be performed at bedside in ICU.

The following factors indicate that re-exploration is needed:

- Torrential hemorrhage or increasing rate of bleeding, tamponade
- Hemodynamic instability (e.g., escalating pressor requirement)
- Large hemothorax
- Minimal coagulopathy

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	Excessive bleeding requiring re-exploration
i. At the time of Pre-authorization	It's an emergency procedure, pre-auth can be submitted later after patient stabilization
a. Clinical notes including previous surgery details, evaluation findings, and planned line of management	Yes
b. Chest X-ray	Yes
c. Optional Thromboelastography 2D ECHO	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative notes	Yes
c. Blood transfusion notes (if applicable)	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:

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

- a. Clinical notes – all vitals, history especially previous surgery details when performed, symptoms, signs, physical examination, indication for procedure, and planned line of treatment?
- b. Was the clinical condition, previous surgery details, and imaging confirming the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Does the imaging indicate surgery?
- d. Blood transfusion details if applicable
- e. Is the Discharge summary with follow-up advise at the time of discharge provided?

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:

- I. Was the clinical condition, previous surgery details and imaging indicative of surgery? Yes

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

References

1. Zhou X., Lui C., Whitman G.J.R. (2020) Bleeding and Re-exploration After Cardiac Surgery. In: Raja S. (eds) Cardiac Surgery. Springer, Cham. https://doi.org/10.1007/978-3-030-24174-2_83
2. Joanne Chikwe, David Cooke, Aaron Weiss. Oxford specialist handbook of Cardiothoracic surgery. Second edition. 2013