



## Guidance document for PM JAY package

### Pulmonary Resection

**Procedures covered: 1**

**Specialty: CTVS**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Pulmonary Resection	Pulmonary Resection	New Package	SV024A	70,000

**ALOS:** 5-7 days

**Minimum qualification of the treating doctor:**

**Essential:** M.Ch./DNB/Equivalent (in Cardiothoracic Surgery/ Thoracic Surgery)

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

#### **Disclaimer:**

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

Pulmonary (lung) resection is used for the treatment of pulmonary malignancy, infection, and trauma. In addition, pulmonary resection can be used as a means to diagnose pulmonary disease.

#### **Types of lung resection**

- Anatomic resection
  - Pneumonectomy



- Lobectomy
  - Segmentectomy
  - Sleeve resection
- Non-anatomic wedge resection

### **Indications**

- Malignancy
  - Primary lung disease
  - Metastatic disease
  - Special considerations during the COVID-19 pandemic
- Benign disease
  - Pulmonary blebs and bullae
  - Benign masses and nodules
  - Bronchiectasis
  - Infectious lung disease
  - Chronic obstructive pulmonary disease
- Traumatic injury

In addition, pulmonary resection is also a means of diagnosis for some pulmonary diseases.

### **Evaluation**

- The preoperative evaluation includes anatomic and cardiopulmonary assessment to determine the risk of pulmonary resection.
- The evaluation includes history and physical examination, pulmonary function tests including calculation of predicted postoperative pulmonary function values, and lung imaging.
- If imaging studies of the chest have not been performed within six to eight weeks of the planned thoracic surgery, they should be repeated, particularly for inflammatory or infectious etiologies.
- For malignancy, imaging within 10 to 12 weeks is sufficient.

### **Surgical Management**

Surgical lung resection can be achieved using:

- Open
- Minimally invasive thoracotomy techniques (video-assisted thoracoscopic surgery [VATS], robotic-assisted thoracoscopic surgery [RATS])

Following lung resection, one or more chest tubes are placed in the hemithorax. Postoperative management of chest tubes is directed by postoperative imaging, presence or absence of air leak (identified by the presence of bubbles within the water seal chamber), and the volume and/or character of drainage.

### Complications

- Atrial fibrillation/flutter
- Postoperative atelectasis
- respiratory failure
- bleeding
- surgical site infection
- prolonged postoperative air leak
- bronchopleural fistula

### 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	Pulmonary resection
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with evaluation findings, indication of procedure, and planned line of management	Yes
b. Chest X-Ray / CT	Yes
c. Pulmonary function tests (Optional)	Yes
d. Predicted post-operative values (optional)	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative notes	Yes
c. Post procedure serial Chest X-ray until chest tube removal	Yes
d. Histopathological examination	Yes
e. 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, detailed history, symptoms, signs, physical examination, indication for procedure, planned line of treatment, and advice for admission.
- b. Did clinical presentation and imaging/investigation confirm 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. Was the imaging/investigation indicative of surgery?
- d. Were the Post procedure X-ray reports submitted?
- e. Is the Discharge summary with follow-up advise at the time of discharge?

## **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 presentation and imaging/investigations indicative of surgery? Yes

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

## **References**

1. Shelby J Stewart, Gavin L Henry. Overview of pulmonary resection – UpToDate. Last updated: April 2020