

Guidance document for PM JAY package

Re-do sternotomy

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	Remarks
Re-do sternotomy	Re-do sternotomy	New Package	SV033A	20,000	Add - On Procedure

ALOS: Additional 2-3 days (Depends on the clinical condition and primary procedure)

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: Cardiothoracic Surgery OT; Intensive care unit

Disclaimer:

For monitoring and administering the claim management process of **Re-do sternotomy**, 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:

Redo procedures after a previous sternotomy for cardiac surgery are considered challenging, with significant associated risk. A median re-sternotomy has a high rate of injury during the redo procedure, especially in patients with vascular structures that lie directly behind the sternum (ascending aorta, right ventricle, or patent coronary bypass grafts). If the heart or great vessels are damaged with redo sternotomy then immediate cardiopulmonary bypass may be required.

Adults with congenital heart disease (CHD) often require reoperation to manage residual cardiac lesions or complications. The most common reasons for reoperation include:

- Pulmonic regurgitation (treated with surgical or percutaneous valve replacement)
- Right ventricular (rv) outflow tract obstruction, including rv-to-pulmonary artery conduit dysfunction (stenosis of the conduit or stenosis or regurgitation of the valve)
- Pacemaker or defibrillator placement
- Left ventricular (lv) outflow tract obstruction
- Regurgitation (including aortic valve or regurgitation due to root replacement or aneurysm repair)
- Mitral valve repair or replacement

If there are adhesions or no space between the sternum and underlying structures, the surgical team typically inserts cardiopulmonary bypass (CPB) cannulae in peripheral blood vessels (eg, a femoral vein and axillary artery) so that CPB can be initiated immediately if necessary. In some cases when CT or MRI imaging predicts a high risk of catastrophic hemorrhage (eg, retrosternal RV aneurysm or dilated ascending aorta adherent to the sternum), CPB is electively initiated via peripheral cannulation in order to decompress the cardiac chambers and permit safer sternal reentry.

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	Redo-sternotomy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, previous surgery details, and planned line of management	Yes
b. CT/MRI Chest / 2DECHO	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative notes	Yes
c. Post-op CT chest (optional)	Yes
d. Post-op Chest Xray / ECHO	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, symptoms, signs, physical examination, indication for need of required procedure, and planned line of treatment?
- b. Did the clinical condition and imaging 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. Does the imaging indicate surgery?
- d. 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 condition and imaging indicative of surgery? Yes

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

References

1. Kelly Machovec, Nazish Hashmi. Anesthesia for surgical repair of congenital heart defects in adults: Management of specific lesions and reoperation – UpToDate. Last updated: April 2020.
2. <https://emedicine.medscape.com/article/1894058-overview#showall>