



Guidance document for processing PM-JAY packages

IHD / CAD / Arrhythmia

Procedures covered: 2

Specialty: General Medicine, Cardiology, Pediatric Medicine

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
IHD / CAD / Arrhythmia	Arrhythmia	New Package	MG081A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500
IHD / CAD / Arrhythmia	CAD	New Package	MG081B	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS (In days): For Arrhythmia - 3-5 days.

For CAD - 5-7 days.

Minimum qualification of the treating doctor:

Essential: MBBS, DNB/MD equivalent in General Medicine, DM/DNB/ equivalent (Cardiology), MD/DNB/DCH/ equivalent (Pediatric Medicine).

Special empanelment criteria/linkage to empanelment module: Tertiary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **IHD / CAD / Arrhythmia** 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:

A) Arrhythmia

An arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slowly, or with an irregular rhythm. When a heart beats too fast, the condition is called tachycardia. When a heart beats too slowly, the condition is called bradycardia.

Causes - Arrhythmia is caused by changes in heart tissue and activity or in the electrical signals that control heartbeat. These changes can be caused by damage from disease, injury, or genetics. Often there are no symptoms, but some people feel an irregular heartbeat, dizziness or have difficulty breathing.

Types

- Bradyarrhythmia/ Bradycardia
- Premature or extra heart beat
- Supraventricular arrhythmia- which includes atrial fibrillation, Atrial Flutter and Paroxysmal Supraventricular Tachycardia.
- Ventricular arrhythmia – which includes Ventricular tachycardia and Ventricular Fibrillation.

Diagnosis – Electrocardiogram (ECG)

Management

1. Healthy Lifestyle Changes.
2. Medicines: Depending on the type of arrhythmia a wide range of Medicines are used in the treatment, like Adenosine, Atropine, Beta Blockers, calcium channel Blockers, Digitalis or Digoxin, Sodium Channel Blockers and Potassium Channel Blockers.
3. Procedures: If medicines do not treat arrhythmia, procedures or devices like Cardioversion, Catheter ablation, Implantable cardioverter defibrillators (ICDs) and Pacemakers are recommended.

B) Coronary Artery Disease (CAD)

Coronary artery disease is the narrowing or blockage of the coronary arteries. This condition is usually caused by atherosclerosis which is the build-up of cholesterol and fatty deposits (called plaques) inside the arteries.

Symptoms: Angina (chest discomfort), pain in the arms or shoulders, shortness of breath
Sweating, dizziness

Stable coronary artery disease (CAD) is defined as an established pattern of angina pectoris, a history of myocardial infarction (MI), or the presence of plaque documented by catheterization.

Diagnosis: ECG, ECHO, Tread Mill Testing (TMT), Coronary Angiogram (CAG), CT Angiography.

Medical Management: All patients with stable CAD require medical therapy to alleviate symptoms, prevent cardiovascular events, and reduce mortality.

Three classes of medication are essential to therapy:

- Lipid – lowering agents - Statins
- Antihypertensive agents – Treatment initiated with Beta blockers and Angiotensin-Converting Enzyme (ACE) inhibitors. If these medications are not tolerated, calcium channel blockers or angiotensin receptor blockers are acceptable alternatives.
- Antiplatelet agents – Aspirin, Clopidogrel (in patients who have recently had a myocardial infarction or undergone stent placement)

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	IHD / CAD / Arrhythmia
i. At the time of Pre-authorization	
a. Clinical notes detailing history and Admission notes showing vitals and examination findings.	Yes
b. Investigation reports establishing diagnosis ECG/ECHO/Cardiac Enzymes/ Angiography/ Holter?	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. Relevant Investigations report ECG/ECHO/Cardiac Enzymes/ Angiography/ Holter	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:

Mandatory document	IHD / CAD / Arrhythmia
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes detailing history and Admission notes showing vitals and examination findings.	Yes
b. Were the investigation reports establishing diagnosis – ECG/ECHO/Cardiac Enzymes/ Angiography/ Holter submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the Treatment details submitted?	Yes
c. Are the relevant investigations ECG/ECHO/Cardiac Enzymes/ Angiography/ Holter submitted?	Yes
d. Is a Detailed Discharge Summary submitted?	Yes

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:

- Was patient's ECG/ECHO/Cardiac enzymes/Angiography/Holter suggestive of the diagnosis? Yes

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

References:

- Hebbar AK, Hueston WJ. Management of common arrhythmias: Part I. Supraventricular arrhythmias. Am Fam Physician. 2002 Jun 15;65(12):2479-86. PMID: 12086237.
- Pflieger M, Winslow BT, Mills K, Dauber IM. Medical Management of Stable Coronary Artery Disease. Am Fam Physician. 2011 Apr 1;83(7):819–26.