

Guidance Document for PM JAY package Catheter Directed Thrombolysis (CDT)- Mesentric Thrombolysis

Procedures covered: 1 **Specialty:** Cardiology/Interventional Neuroradiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
I. Catheter Directed Thrombolysis- Mesentric Thrombosis	Catheter Directed Thrombolysis- Mesentric Thrombosis	S1200039	MC002B	30,800

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: DM/ DNB/ Equivalent (Cardiology)/ Fellowship/ Training/ Equivalent (Interventional Radiology)

Special empanelment criteria/linkage to empanelment module: Functional Cardiac Cath lab/ Interventional Radiology lab

Disclaimer: For monitoring and administering the claim management process of **Catheter Directed Thrombolysis- Mesentric Thrombosis**, 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 the ICMR poster and other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this document 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:

Vascular pathologies of the small and large bowel can be of venous or arterial etiology. Mesenteric ischemia is classified as acute (caused by thromboembolism or hypoperfusion) or chronic and can produce total or partial occlusion. The development of imaging technology has gradually increased the diagnostic rate of venous or arterial mesenteric ischemia. Four different

aetiological forms of Acute Mesenteric Ischemia (AMI) have been identified: Embolic (EAMI), Thrombotic (TAMI), Venous (VAMI) and Non-Occlusive Mesenteric Ischemia (NOMI). If left untreated, total occlusive AMI will cause mesenteric infarction, intestinal necrosis,

an overwhelming inflammatory response and death. The development of imaging technology has markedly increased the diagnostic rate of venous or arterial mesenteric ischemia. Early intervention can halt and reverse this process leading to a full recovery while failure to recognize AMI before intestinal necrosis has developed is responsible for the high mortality of the disease.

Signs and Symptoms

Symptoms may vary from insidious onset of vague generalized discomfort to sudden onset of localized, severe and constant abdominal pain with vomiting and diarrhea. Although melena, hematemesis or hematochezia occur in only about 15% of the cases, occult blood is present in 50% of the cases. Fever and peritoneal signs are suggestive of progression of the infarction, and hypotension with systolic blood pressure of less than 90 mmHg along with ascites formation are associated with poor prognosis. Contrast enhanced CT scan is the diagnostic modality of choice.

Indication for Catheter Directed Thrombolysis

High index of suspicion, early diagnosis and prompt revascularization is cornerstone of management. Aim of (surgical or endovascular) therapy is to avoid bowel infarction. Endovascular therapy is preferred over surgical intervention in proven AMI without bowel infarction. Persistent worsening of abdominal pain beyond 48 h of systemic anticoagulation and high risk of bowel infarction at admission are indications to switch over to endovascular therapies. This strategy aims to salvage more potentially reversible segments and avoid the need of surgical intervention.

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	Catheter Directed Thrombolysis- Mesenteric Thrombosis
i. At the time of Pre-authorization	
a. Clinical Notes with planned line of treatment	Yes
b. Doppler Report/CT angiogram report	Yes
ii. At the time of claim submission	
a. Procedure/ Operation notes	Yes

b. Post procedure colour doppler/ CT Angiogram of affected vessel	Yes
c. Detailed discharge summary	Yes
d. Invoices of catheter used	Yes
e. Invoice of thrombolytic drug used	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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:**

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

1. Was the colour doppler/CT Angiogram indicative of Mesenteric occlusion?

References

1. Tilsed JV, Casamassima A, Kurihara H, et al. ESTES guidelines: acute mesenteric ischaemia. Eur J Trauma Emerg Surg. 2016;42(2):253-270. doi:10.1007/s00068-016-0634-0
2. Kumar S., Sarr M.G., Kamath P.S. Mesenteric venous thrombosis. N Engl J Med. 2001;345:1683–1688
3. Boley S.J., Kaleya R.N., Brandt L.J. Mesenteric venous thrombosis. Surg Clin North Am. 1992;72:183–201