



Guidance Document for PM JAY package Catheter Directed Thrombolysis- Peripheral Vessels

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- Peripheral Vessels	Catheter Directed Thrombolysis- Peripheral Vessels	S1200039	MC002C	30,800

ALOS: 2 Days

Minimum qualification of the treating doctor:

Essential: DM/ DNB/ Equivalent (Cardiology)/Training/Fellowship/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- Peripheral Vessels**, 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:

Acute limb ischemia (ALI) is potentially devastating but treatable presentation of peripheral arterial disease (PAD). ALI may be caused by cardiac emboli, embolization from aneurysmal thrombus, and peripheral bypass graft thrombosis. During arterial catheterization, iatrogenic causes may also lead to fresh thrombus formation. The clinical signs and symptoms of acute limb ischemia include the six "P's": pain, paralysis, paresthesias, pulselessness, pallor, and polar

(i.e., a cold extremity). The degree of symptoms suggests the underlying diagnosis. Patients with embolic occlusion are often the most symptomatic and have an abrupt onset because collateral vessels are not developed to perfuse the limb in the face of occlusion.

Catheter-directed intra-arterial thrombolysis (CDT) is a rational treatment method in patients with acute occlusions of lower extremity arteries and bypass grafts having salvageable limb ischemia. Timely recognition of arterial occlusion as a cause of ischemic, painful and cold limb is crucial to successful treatment. Prompt revascularization is highly successful in categories of patients with viable limb (as evidenced by preserved distal capillary circulation and preserved venous return) and salvageable limb (as evidenced by preserved capillary circulation with absent venous drainage, but no motor loss). Catheter directed thrombolysis has similar results as surgical intervention in carefully selected patients.

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- Peripheral Vessels
i. At the time of Pre-authorisation	
a. Clinical Notes with planned line of treatment	Yes
b. Doppler Report/ Angiogram report	Yes
ii. At the time of claim submission	
a. Procedure/ Operation notes	Yes
b. Post procedure colour doppler/Angio report of affected limb	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

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	Catheter Directed Thrombolysis- Peripheral Vessels
i. At the time of Pre-authorization	
a. Clinical Notes with planned line of treatment-detailed history, signs & symptoms, indication for procedure?	Yes
b. Is the colour doppler Report/Angio Report indicative of Peripheral Vascular Disease?	Yes
ii. At the time of claim submission	
a. Are detailed Procedure/ Operation notes submitted?	Yes
b. Does the Post procedure colour doppler/Angiogram of affected limb show recanalization of affected vessel?	Yes
c. Is detailed discharge summary with follow-up period submitted?	Yes
d. Is the Invoice of catheter used submitted?	Yes
e. Is Invoice of thrombolytic drug used submitted?	Yes

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 of affected limb indicative of Peripheral Vascular disease? Yes

References

1. Güneş Y, Sincer I, Erdal E. Catheter-directed intra-arterial thrombolysis for lower extremity arterial occlusions. Anatol J Cardiol. 2019;22(2):54-59. doi:10.14744/AnatolJCardiol.2019.63296
2. InformedHealth.org. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Deep vein thrombosis (DVT): Overview. 2017 Mar 23
3. Gerhard-Herman et al. Circulation. 2017;135:e726-e779