

## Guidance document for PM JAY package

### Electrophysiological Study

**Procedures covered/ procedure count: 2**

**Specialty:** Cardiology

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price	ALOS
Electrophysiological Study	Electrophysiological Study	New Package	MC012A	20,000 + cost of EP catheters	1 Day
Electrophysiological Study	Electrophysiological Study with Radio Frequency Ablation	New Package	MC012B	20,000 + cost of EP catheters	1 Day

**Minimum qualification of the treating doctor:**

**Essential:** MD/ DM/DNB/ equivalent (Cardiology)

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

**Disclaimer:**

For monitoring and administering the claim management process of **Electrophysiological Study & Electrophysiological Study with Radio Frequency Ablation**, 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:**

Electro-physiological study (EPS) is an invasive procedure that needs catheter placement into the cardiac chambers, commonly via the femoral vein and femoral artery, using the

Seldinger technique. The aim is to stimulate the heart using two pacing techniques: extra-stimulus pacing and incremental pacing. The use of extra stimulus pacing reveals the refractory periods, conduction and activation changes, diagnostic for certain diseases. The incremental pacing helps for observing and measuring the impulse conduction during stress conditions and evaluates the recovery time of cardiac tissue under evaluation at cessation of stimulation. Electrophysiologic testing is indicated in patients with various suspected or obvious arrhythmias for their documentation and initiation, study mechanism (automaticity, triggered activity or re-entry) and treat them by radio frequency ablation (RFA).

### Indications of the EPS

1. **Supraventricular tachycardia (SVT)**
2. **Ventricular tachycardia (VT)**
3. **Sinus node dysfunction**
4. **Conduction abnormalities.**
  - a. **Atrioventricular block.**
  - b. **Bundle branch block/ /bifascicular block/trifascicular block/ intraventricular conduction disease.**
  - c. **Evaluation of Syncope**
  - d. **Other indications for EPS :** Assessment after post antiarrhythmic surgery, guiding drug therapy, congenital heart disease, survivors of cardiac arrest, undocumented palpitations, conduction disorders after transcatheter aortic valve replacement are some other indications

**Radiofrequency Ablation (RFA)** treatment has revolutionised management of arrhythmias resulting in a cure in over 90% of cases. Apart from life threatening and incessant arrhythmias, the technique is established for patients with recurrent tachyarrhythmias that require prophylactic antiarrhythmics for an indefinite period. Catheter ablation is a rapidly evolving science and has proved to be a good solution in most of the patients suffering from recurrent arrhythmia, which limit their productivity and hinder their lifestyle.

Common indications of RFA include SVT due to recurrent, refractory AVNRT and AVRT, atrial tachycardia, accessory pathway, some patients of atrial fibrillation, atrial flutter and VT, both for those with normal heart (outflow tract tachycardia, fascicular tachycardia) or those with ischemic VT or VT associated with structural abnormalities of heart.

### 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	Electrophysiological Study	Electrophysiological Study with Radio Frequency Ablation
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. ECG with report of cardiologist	Yes	Yes
c. Echo/ colour doppler report with stills	Yes	Yes
d. Indication for procedure	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Procedure / Operative notes	Yes	Yes
b. EP study report	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes
d. Invoice/ Bar code of catheters	Yes	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

## **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:**

No IT control required as it is a diagnostic test.

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

## **References**

1. De Giovanni JV. Treatment of arrhythmias by radiofrequency ablation. *Arch Dis Child*. 1995;73(5):385-387
2. Ghzally Y, Gerasimon G. Catheter Ablation. [Updated 2020 Feb 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-
3. Negru AG, Alzahrani T. Electrophysiologic Testing. [Updated 2020 Feb 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-



4. Brugada J, Katritsis DG, Arbelo E, Arribas F, Bax JJ, Blomström-Lundqvist C, Calkins H, Corrado D, Deftereos SG, Diller GP, Gomez-Doblas JJ, Gorenek B, Grace A, Ho SY, Kaski JC, Kuck KH, Lambiase PD, Sacher F, Sarquella-Brugada G, Suwaliski P, Zaza A., ESC Scientific Document Group. 2019 ESC Guidelines for the management of patients with supraventricular tachycardiaThe Task Force for the management of patients with supraventricular tachycardia of the European Society of Cardiology (ESC). Eur. Heart J. 2020 Feb 01;41(5):655-720.