



## Guidance document package for PM JAY

### Percutaneous Transluminal Septal Myocardial Ablation (PTSMA)

Procedures covered/ procedure count: 1

Specialty: Cardiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Percutaneous Transluminal Septal Myocardial Ablation	Percutaneous Transluminal Septal Myocardial Ablation	S1200027	MC013A	34,000	2 Days

**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 **Percutaneous Transluminal Septal Myocardial 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:**

Hypertrophic obstructive cardiomyopathy (HOCM) is a clinical condition where there is asymmetrical hypertrophy of antero-basal septum resulting into dynamic left ventricular outflow obstruction. The obstruction is secondary to systolic anterior motion of the mitral valve abutting against a hypertrophied septum, resulting in diastolic dysfunction, myocardial oxygen supply-demand mismatch, reduced forward output, and secondary mitral regurgitation.

## Signs and Symptoms

Presentation of HOCM ranges from asymptomatic to chest pain, dyspnoea, palpitations, syncope or sudden cardiac death. Cardiovascular examination is often normal but, in patients with LV outflow tract obstruction (LVOTO), may show a rapid up-and-down stroke of the arterial pulse and an ejection systolic murmur at the left sternal edge. The intensity of the murmur is increased by manoeuvres that reduce ventricular preload or afterload, such as standing up from the squatting position and forceful attempted exhalation against a closed airway (Valsalva manoeuvre). Most patients with LVOT obstruction also have signs of mitral regurgitation.

Medical treatment directed at decreasing contractility, improving diastolic filling, and slowing heart rate by beta blockers or calcium channel blockers can be successful in reducing symptoms in many patients. However, there is a subset of patients who remain severely symptomatic, despite optimal medical therapy. Septal reduction is done in such patients by surgical myomectomy or percutaneous alcohol septal ablation. In alcohol septal ablation, a percutaneous balloon is guided to major septal branch and alcohol is instilled to produce septal infarct. A resultant scarring after 6-12 weeks reduces dynamic obstruction and symptoms. Compared with surgical myectomy, PTSMA has the advantage of being minimally invasive, easily repeated, and with relatively low major morbidity/mortality risk for patients with comorbid conditions.

### 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	Percutaneous Transluminal Septal Myocardial Ablation
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. ECG with report of cardiologist	Yes
c. Echo/ color Doppler report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure echo/colour Doppler report and angio stills	Yes
c. 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:**

<b>Mandatory document</b>	<b>Percutaneous Transluminal Septal Myocardial Ablation</b>
<b>I. Pre-auth processing Doctor (PPD)</b>	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the ECG and echo report by cardiologist suggestive of Hypertrophic obstructive cardiomyopathy?	Yes
<b>II. Claims processing Doctor (CPD)</b>	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. Did the post procedure echo/ colour doppler report confirm decrease in septal thickness?	Yes
c. Is there a detailed discharge summary mentioning date of follow-up 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:**

1. Was patient Echo/ colour doppler report suggestive of Ventricular outflow obstruction? Yes



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

## References

1. Rubin DN, Tuzcu EM, Lever HM. Percutaneous transluminal septal myocardial ablation. *CurrCardiol Rep.* 2000;2(2):160-165.
2. Bhagwande R, Woo A, Ross J, et al. Septal ethanol ablation for hypertrophic obstructive cardiomyopathy: early and intermediate results of a Canadian referral centre. *Can J Cardiol.* 2003;19(8):912-917.
3. Davidson's Principles and Practice of Medicine 21<sup>st</sup> edition pg 636