



## Guidance document for PM JAY package

### Pericardiocentesis

**Procedures covered/ procedure count: 1**

**Specialty: Cardiology/ General Surgery**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Pericardiocentesis	Pericardiocentesis	S1200020	MC019A	12,100	1 Days

**Minimum qualification of the treating doctor:**

**Essential:** MD/ DM/DNB/ equivalent (Cardiology)/ MS/DNB/ equivalent (General Surgery)

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

#### **Disclaimer:**

For monitoring and administering the claim management process of **Pericardiocentesis**, 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:**

Pericardial effusion can develop in any clinical condition primarily involving pericardium (commonly viral or bacterial) or can be secondary involvement in several systemic disorders, such as malignancies, pulmonary tuberculosis, chronic renal failure, thyroid diseases, and autoimmune diseases. In the developed world, idiopathic is commonest etiology followed by tumour, while in developing countries like India, tuberculosis remains a leading cause besides idiopathic.

Cardiac tamponade is a medical emergency where fluid is accumulated under pressure in pericardial cavity. It results in compression of cardiac chambers and impedes cardiac filling. Clinicians should understand the tamponade physiology, especially because it can develop without large pericardial effusion. In addition, clinicians should correlate the echocardiographic findings of tamponade, such as right ventricular collapse, right atrial collapse, and respiratory variation of mitral and tricuspid flow, with clinical signs of clinical tamponade, such as hypotension or pulsus paradoxus.

Transthoracic echocardiography is the most important tool for diagnosis, grading, guidance of pericardial fluid aspiration (pericardiocentesis), and follow up of a patient with pericardial effusion. Rapid pericardiocentesis is life saving procedure in cardiac tamponade.

### Signs and Symptoms

A significant proportion of patients with pericardial effusion are asymptomatic it is an incidental finding on X-ray or echocardiogram performed for other reasons . Classic symptoms include dyspnoea on exertion progressing to orthopnoea, chest pain and/or fullness. Additional occasional symptoms due to local compression may include nausea (diaphragm), dysphagia (oesophagus), hoarseness (recurrent laryngeal nerve) and hiccups (phrenic nerve). Non-specific symptoms include cough, weakness, fatigue, anorexia and palpitations. Physical examination may be absolutely normal in patients without haemodynamic compromise. When tamponade develops, classic signs include elevated jugular venous pressure, pulsus paradoxus, hypotension and diminished heart sounds.

### 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	Pericardiocentesis
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. 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	Yes
c. Detailed Discharge Summary	Yes
d. Analysis of fluid removed	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>Pericardiocentesis</b>
<b>I. Pre-auth processing Doctor (PPD)</b>	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Echo/ color doppler report suggestive of Pericardial effusion/ Cardiac tamponade?	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 volume of pericardial fluid?	Yes
c. Is there a detailed discharge Summary mentioning date of follow-up submitted?	Yes
d. Is the analysis report of removed pericardial fluid 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 pericardial effusion/ Cardiac tamponade? Yes

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



## References

1. Jung HO. Pericardial effusion and pericardiocentesis: role of echocardiography. *Korean Circ J*. 2012;42(11):725-734.
2. Davidson's Principles and Practice of Medicine 21<sup>st</sup> edition pg 639