



## Guidance document for PM JAY package

### Pulmonary Embolectomy

**Procedures covered/ Procedure Count: 1**

**Specialty: CTVS**

Package name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Pulmonary Embolectomy	Pulmonary Embolectomy	S1300044	SV018A	141,000	10 days

**Minimum qualification of the treating doctor:**

**Essential:** M.Ch./DNB/ equivalent (Cardiothoracic Surgery)

**Special empanelment criteria/linkage to empanelment module:** Cardiothoracic Surgery OT

**Disclaimer:**

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

Massive pulmonary embolism (PE) is a severe condition that can potentially lead to death caused by right ventricular (RV) failure and the consequent cardiogenic shock. Despite the fact thrombolysis is often administered to critical patients to increase pulmonary perfusion and to reduce RV afterload, surgical treatment represents another valid option in case of failure or contraindications to thrombolytic therapy.

## Diagnosis

Acute PE is often associated with poorly predictive signs e.g., chest pain, dyspnea, hemoptysis and, infrequently, syncope and arterial hypotension. Despite the low specificity and sensitivity of these, the use of largely accepted prediction rules and appropriate straightforward diagnostic algorithms may help the clinician in the evaluation of the likeliness of an ongoing PE. CT angiography (CTA) has become the method of choice for the diagnosis of PE, with a sensibility for a multi-detector device of 83% and a specificity of 96%.

## Indications

Surgical pulmonary embolectomy is an option recommended in cases of high risk and cardiogenic shock, massive PE patients who cannot receive fibrinolysis, or remain unstable after its administration, sub-massive PE patients for whom thrombolysis is contraindicated or have failed and patients with right heart thrombi located close or straddling through a patent foramen ovale.

### 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	Pulmonary Embolectomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
c. CT Angiography report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	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:**

Mandatory document	Pulmonary Embolectomy
<b>i. Pre-auth processing Doctor (PPD)</b>	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Echo/ Doppler report submitted?	Yes
c. Was the CT Angiography report suggestive of pulmonary thromboembolism?	Yes
<b>ii. Claims processing Doctor (CPD)</b>	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. Was the Post procedure still of ECHO submitted?	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 the CT Angiography report suggestive of pulmonary thromboembolism? Yes

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

### **References**

1. Iaccarino A, Frati G, Schirone L, et al. Surgical embolectomy for acute massive pulmonary embolism: state of the art. *J Thorac Dis.* 2018;10(8):5154-5161.
2. Stein PD, Fowler SE, Goodman LR, et al. Multidetector computed tomography for acute pulmonary embolism. *N Engl J Med* 2006;354:2317-27.
3. Yavuz S, Toktas F, Goncu T, et al. Surgical embolectomy for acute massive pulmonary embolism. *Int J ClinExp Med* 2014;7:5362-75