



Guidance document for PM JAY package

Thoracic Outlet syndrome Repair

Procedures covered/ Procedure Count: 1

Specialty: CTVS

Package name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Peripheral Arterial Surgeries	Thoracic Outlet syndrome Repair	New Package	SV019D	50,000	7 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 **Thoracic Outlet syndrome Repair**, 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:

Thoracic outlet syndrome (TOS) is a nonspecific diagnosis representing many conditions that involve the compression of the neurovascular structures that pass through the thoracic outlet.

Clinical Features

A patient's complaint of thoracic outlet syndrome can be vague and have a wide range of symptoms depending on the etiology of the malady. Nebulous pain is one of the most common complaints amongst all etiologies. Venous obstruction can present with upper extremity swelling, venous distention, and pain ranging from the hand to the forearm. Upper extremity deep venous thromboses (DVTs) can also present if venous thoracic outlet syndrome persists. The arterial variant of thoracic outlet syndrome can appear with color changes in the upper extremity and diminished pulses. Due to collateral blood flow in the upper extremity, the symptoms can present insidiously and only appear in certain positions in which pressure increases. Neurogenic thoracic outlet syndrome, the most common etiology, presents due to compression of the brachial plexus. Similar to the other versions of TOS, vague pain is a common symptom. Atrophy of the intrinsic muscles of the hand can also occur, as well as weakness in the hand and neurologic sensory deficits.

Diagnosis

The first step in diagnosing thoracic outlet syndrome is the physical exam. After the patient has undergone evaluation, the diagnostic confirmation is possible with more advanced imaging or testing.

Management

Surgery for TOS is reserved for patients who have failed conservative management. The threshold for decompression varies widely for mild to moderate symptoms, but certain symptoms require surgery. However, for patients with arterial or venous TOS, the initial intervention is most often surgical.

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	Thoracic Outlet syndrome Repair
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Doppler/Angio/ CT Angio/ MRI report	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Detailed Discharge Summary	Yes
c. Barcode of graft 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	Thoracic Outlet syndrome Repair
i. Pre-auth processing Doctor (PPD)	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Doppler/Angio/ CT Angio/ MRI report suggestive of thoracic outlet syndrome?	Yes
ii. Claims processing Doctor (CPD)	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
c. Is the barcode of graft used 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 Angio/ CT Angio/ MRI report suggestive of thoracic outlet syndrome?Yes

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

References

1. Kaplan J, Kanwal A. Thoracic Outlet Syndrome. [Updated 2020 May 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-



2. Stewman C, Vitanzo PC, Harwood MI. Neurologic thoracic outlet syndrome: summarizing a complex history and evolution. Curr Sports Med Rep. 2014 Mar-Apr;13(2):100-6.
3. Grunebach H, Arnold MW, Lum YW. Thoracic outlet syndrome. Vasc Med. 2015 Oct;20(5):493-5