



Guidance document for PM JAY package

Thromboendarterectomy

Procedures covered/ Procedure Count: 1

Specialty: CTVS

Package name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Pulmonary Thromboendarterectomy	Thromboendarterectomy	New Package	SV018B	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 **Thromboendarterectomy**, 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:

Chronic thromboembolic pulmonary hypertension (CTEPH) is a complication of venous thromboembolic disease. Pulmonary thromboendarterectomy (PTE) remains the preferred and potentially curative option for patients with chronic thromboembolic pulmonary hypertension (CTEPH). The disease is characterized by intraluminal thrombus organization,

fibrotic scar tissue-like stenosis, and the ensuing vascular remodeling of unaffected pulmonary vessels.

Clinical Features

CTEPH symptoms are nonspecific and usually related to the development of pulmonary hypertension. Patients may be asymptomatic for several years before presenting with progressive exertional dyspnea, chronic nonproductive cough, atypical chest pain, tachycardia, syncope and cor pulmonale.

Indications

Symptomatic patients with CTEPH require pulmonary thromboendarterectomy.

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	Thromboendarterectomy
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
c. CTPA report	Yes
d. Lung perfusion scan	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Lung perfusion report	Yes
d. Detailed Discharge Summary	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:

1. Was the CTPA report suggestive of chronic thromboembolic pulmonary hypertension (CTEPH)? Yes



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

References

1. Nishiyama KH, Saboo SS, Tanabe Y, Jasinowodolinski D, Landay MJ, Kay FU. Chronic pulmonary embolism: diagnosis. *Cardiovasc Diagn Ther.* 2018;8(3):253-271. doi:10.21037/cdt.2018.01.09
2. Corsico AG, D'Armini AM, Cerveri I, et al. Long-term outcome after pulmonary endarterectomy. *Am J Respir Crit Care Med* 2008;178:419-24.
3. Reesink HJ, Marcus JT, Tulevski II, et al. Reverse right ventricular remodeling after pulmonary endarterectomy in patients with chronic thromboembolic pulmonary hypertension: utility of magnetic resonance imaging to demonstrate restoration of the right ventricle. *J Thorac Cardiovasc Surg* 2007;133:58-64.
4. Iino M, Dymarkowski S, Chaothawee L, et al. Time course of reversed cardiac remodeling after pulmonary endarterectomy in patients with chronic pulmonary thromboembolism. *Eur Radiol* 2008;18:792-9.
5. Casclang-Verzosa G, McCully RB, Oh JK, et al. Effects of pulmonary thromboendarterectomy on right-sided echocardiographic parameters in patients with chronic thromboembolic pulmonary hypertension. *Mayo Clin Proc* 2006;81:777-82.
6. Madani MM. Surgical Treatment of Chronic Thromboembolic Pulmonary Hypertension: Pulmonary Thromboendarterectomy. *Methodist Debaquey Cardiovasc J.* 2016;12(4):213-218. doi:10.14797/mdcj-12-4-213