Guidance document for processing PM-JAY packages

Cardiac Tamponade

Packages covered/ package count: 1

Specialty: General Medicine

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Cardiac Tamponade	Cardiac Tamponade	New Package	MG037A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 3-5 Days
Minimum qualification of the treating doctor:
Essential: MBBS
Desirable: MD/DNB or equivalent Internal Medicine; DM (Cardiology)

Disclaimer:

"For monitoring and administering the claim management process of Cardiac Tamponade, 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 from any pericardial disease, including pericarditis and several systemic disorders, such as malignancies, pulmonary tuberculosis, chronic renal failure, thyroid diseases, and autoimmune diseases. The causes of large pericardial effusion

requiring invasive pericardiocentesis may vary according to the time, country, and hospital. Transthoracic echocardiography is the most important tool for diagnosis, grading, the pericardiocentesis procedure, and follow up of pericardial effusion. Cardiac tamponade is a kind of cardiogenic shock and medical emergency. 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. Percutaneous pericardiocentesis has been the most useful procedure in many cases of large pericardial effusion, cardiac tamponade, or pericardial effusion of unknown etiology. The procedure should be performed with the guidance of echocardiography.

Signs and Symptoms of Cardiac Tamponade are:

Symptoms

a. Sensation of retrosternal oppression
b. Dyspnoea
c. Tachycardia

Signs:

a. Quieter heart sounds
b. Reduced QRS voltage on ECG complex
c. QRS complexes may alternate in amplitude
d. Beck's triad (raised JVP, hypotension and pulsus paradoxus)

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1.3Mandatory 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	Cardiac Tamponade
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. 12 lead ECG report	Yes
c. Echo/ color Doppler report with stills	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers with treatment details	Yes
b. Post procedure echo/color Doppler report	Yes
c. Analysis of Fluid Aspirated report	Yes
d. 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	Cardiac Tamponade
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Was the Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment submitted?	Yes
b. Was the 12 lead ECG report submitted?	Yes
c. Was the Echo/ color doppler report suggestive of Cardiac tamponade?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the Indoor case papers and treatment given details available?	Yes
b. Was the post procedure echo/ color doppler report confirm decrease in volume of pericardial fluid?	Yes
c. Is the analysis report of pericardial aspirated submitted?	Yes
d. 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/ color doppler report suggestive of Cardiac tamponade? Yes

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

1. **References**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 21st edition pg 639