



Guidance document for PM JAY package

Aortoiliac Occlusive Disease

Procedures covered: 4

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto Iliac bypass - U/L	S1300092	SV017A	64,500 + Graft cost
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto femoral bypass - U/L	S1300092	SV017B	64,500 + Graft cost
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto Iliac bypass - B/L	S1300079	SV017C	64,500 + Graft cost
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto femoral bypass - B/L	S1300079	SV017D	64,500 + Graft cost

ALOS: 7 days

Minimum qualification of the treating doctor:

Essential: M.Ch./DNB/Equivalent (in Cardiothoracic & Vascular Surgery; Vascular Surgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Aorto Iliac / Aorto femoral bypass (Uni and Bi)**, 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 Ab PM-JAY 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:

Aortoiliac occlusive disease (AIOD) is a variant of peripheral artery disease affecting the infrarenal aorta and iliac arteries. In the same manner as peripheral artery disease, AIOD is typically caused by atherosclerosis.

Clinical presentation

- The presentation of AIOD can range from asymptomatic to limb-threatening emergencies.
- Patients are commonly seen with complaints of cramping pain, occurring during and after exercise and relieved by rest. This condition is known as claudication.
- Leriche syndrome comprises chronic, lower extremity ischemia resulting from aortoiliac obstruction that is characterized by intermittent buttock claudication, absent femoral pulses, and sexual impotence
- Patients may present on an emergent visit due to sequelae of severe stenosis or an acute embolic event, causing chronic limb-threatening ischemia.
- The diagnostic criteria for chronic limb-threatening ischemia (CLTI) are pain with rest, presence of gangrene, or lower limb ulceration for greater than two weeks in the setting of peripheral artery disease.

Evaluation

- A detailed history and physical examination are vital to determine the severity of the disease and distinguish it from other diagnoses.
- Ankle-brachial index (ABI) is generally the first screening test for the diagnosis of arterial diseases. An index of less than 0.9 is indicative of arterial disease.
- Duplex ultrasonography is the initial screening tool. Computed tomography (CT) angiogram or Magnetic Resonance angiogram is used for anatomic delineation.
- Blood testing should also be obtained to identify underlying risk factors. Lipid profile, HbA1c, lipoprotein A, and serum homocysteine levels may identify the etiology. In the setting of thrombosis, past or present, prothrombin time (PT), activated partial thromboplastin time (aPTT), and platelet count should be obtained.

Management

- Onset and presenting severity dictate the treatment and management of AIOD.
- Diagnosis of chronic limb-threatening ischemia (CLTI) needs urgent intervention to prevent further necrosis and formation of gangrene.
- Patient risk, limb staging, and anatomic pattern (PLAN) can assist in the staging of disease.

Surgical and endovascular revascularization

- Revascularization options include:

- I. Aortoiliac bypass
- II. Aortobifemoral bypass (AFB)
- III. Axillo-femoral bypass graft
- IV. Percutaneous transluminal angioplasty (PTA), which can be with or without stent placement
- V. Thromboendarterectomy (TEA)

- Open surgical revascularization bypasses the area of stenosis or occlusion through the use of a vascular conduit.

Complications

- Complications of untreated AOID include weakness, fatigue, impotence, and sexual dysfunction as a result of decreased blood flow. Heart failure, myocardial infarction, gangrene, and amputation are also increased in unmanaged AOID.
- Surgical and endovascular treatment risks include thrombosis of the graft, wound infection, bleeding, and complications from anesthesia.

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	Aorto Iliac / Aorto femoral bypass (Uni and Bi)
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of graft requirement, and planned line of management	Yes
Duplex ultrasonography	Yes
Ankle-brachial index (ABI) test	Yes
MR/CT Angiography	Yes
Optional Prothrombin time (PT), Activated partial thromboplastin time (aPTT), and Platelet count	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / Operative notes	Yes
Post-operative Duplex Ultrasound	Yes
Graft details - barcode/invoice (if artificial graft used)	Yes
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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. Clinical notes – all vitals, detailed history, symptoms, signs, physical examination, indication for procedure, planned line of treatment, and advice for admission.
- b. Was the Duplex ultrasound/CT/MR Angiogram report suggestive of Aortoiliac occlusive disease?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Was graft (if artificial graft used) invoice/barcode details available?
- d. Was the imaging indicative of surgery?
- e. Is the discharge summary with follow-up advise at the time of discharge?

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:

- I. Was the clinical presentation, severity, and imaging indicative of surgery? Yes

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

References

1. Gerhard-Herman MD, Gornik HL, Barrett C, et al. 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines [published correction appears in *Circulation*. 2017 Mar 21;135(12):e791-e792]. *Circulation*. 2017;135(12):e726-e779. doi:10.1161/CIR.0000000000000471



2. Heaton J, Khan YS. Aortoiliac Occlusive Disease. [Updated 2020 Jun 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559086/>
3. Society for Vascular Surgery Lower Extremity Guidelines Writing Group, Conte MS, Pomposelli FB, Clair DG, Geraghty PJ, McKinsey JF, Mills JL, Moneta GL, Murad MH, Powell RJ, Reed AB, Schanzer A, Sidawy AN; Society for Vascular Surgery. Society for Vascular Surgery practice guidelines for atherosclerotic occlusive disease of the lower extremities: management of asymptomatic disease and claudication. J Vasc Surg. 2015 Mar;61(3 Suppl):2S-41S. doi: 10.1016/j.jvs.2014.12.009. Epub 2015 Jan 28. Erratum in: J Vasc Surg. 2015 May;61(5):1382. PMID: 25638515.