



Guidance document for processing PM-JAY packages

Surgical Correction of Category - I Congenital Heart Disease

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Surgical Correction of Category - I Congenital Heart Disease	BT Shunt (inclusive of grafts)	New Package	SV001G	1,50,000 + Graft cost

ALOS (In days): 14 days

Minimum qualification of the treating doctor:

Essential: MCh/ or equivalent (in Cardiothoracic Surgery, Vascular Surgery)

Special empanelment criteria/linkage to empanelment module: Tertiary care facilities

Disclaimer:

For monitoring and administering the claim management process of **BT Shunt (inclusive of grafts)**, 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:

The Blalock–Thomas–Taussig shunt (commonly called the Blalock–Taussig shunt) is a surgical procedure which is temporarily used to direct blood flow to the lungs and relieve cyanosis. The procedure involves connecting the subclavian artery to the pulmonary artery.

Modified Blalock Taussig shunt (MBTS)

It is a modified technique in which an interposition polytetrafluoroethylene (PTFE) graft between the subclavian artery and the pulmonary artery to prevent sacrificing of the subclavian artery.

Indications

BT shunts can be used to treat congenital heart diseases such as

- Pulmonary atresia,
- Pulmonary stenosis,
- Tetralogy of Fallot.
- Tricuspid atresia.

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	BT Shunt (inclusive of grafts)
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. ECHO / Doppler report confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice/barcode of graft used (if artificial graft used)	Yes
d. 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	BT Shunt (inclusive of grafts)
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Was the ECHO / Doppler report suggestive of clinical diagnosis mentioned?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the detailed Procedure / Operative notes submitted?	Yes
c. Is the Invoice/barcode of graft used submitted? (if artificial graft used)	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:

- Was patient ECHO / Doppler report indicative of procedure? Yes

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

References:

- Kiran U, Aggarwal S, Choudhary A, Uma B, Kapoor PM. The Blalock and Taussig Shunt Revisited. Ann Card Anaesth. 2017;20(3):323–30.



2. Verena Dirks et al. Modified Blalock Taussig shunt: a not-so-simple palliative procedure, European Journal of Cardio-Thoracic Surgery, Volume 44, Issue 6, December 2013, Pages 1096–1102, <https://doi.org/10.1093/ejcts/ezt172>.
3. Williams JA, Bansal AK, Kim BJ, Nwakanma LU, Patel ND, Seth AK, et al. Two Thousand Blalock-Taussig Shunts: A Six-Decade Experience. Ann Thorac Surg. 2007 Dec;84(6):2070–5.