

Guidance document for PM JAY package

Aortic Valve

Procedures covered/ Procedure Count: 2

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Single Valve procedure	Aortic Valve	S1300013, S1300017, S1300018	SV005A	119,000 + Cost of implant	7 days
Immediate reoperation	Aortic Valve	New Package	SV0031B	59,500 + Cost of implant	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 **Aortic Valve**, 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:

Aortic stenosis (AS) is a narrowing of the valve aperture reducing the aortic valve area. Increased resistance to blood flow and transvalvular pressure gradient causes increased left ventricle workload causing hypertrophy. Its prevalence increases with age and can be as

high as 4.6% in people greater than age 75 years. AS can be asymptomatic or can cause symptoms of syncope, angina and heart failure. Severe AS is fatal with a 50% mortality at 2 years.

Aortic regurgitation (AR) is the backflow of blood from the aorta to the left ventricle when the valve leaflets fail to coapt. Common causes include congenital defects, calcific degeneration, infective endocarditis, rheumatic fever, and trauma. Ventricular hypertrophy in chronic cases accommodates increased volume to maintain the normal stroke volume and end-diastolic pressure; hence, chronic AR can be asymptomatic for decades. In contrast, with acute cases of AR, ventricles do not have enough time to undergo the needed changes such as hypertrophy to accommodate increased volumes. Because of decreased stroke volume, the heart rate increases to maintain cardiac output but is insufficient to meet the demand resulting in increased left atrial pressure, pulmonary edema and cardiogenic shock.

On physical examination, AR murmur is blowing, high-pitched, diastolic, and decrescendo, beginning soon after the aortic component of S (A); it is loudest at the 3rd or 4th left parasternal intercostal space.

Indications

While medical treatment has not shown to prevent or delay the progression of valvular disease, surgical replacement is considered the most effective treatment for AS and AR. Rarely, in case of AS, balloon valvotomy may serve as a bridge to surgery, but it is not considered an alternative to valve replacement since it only provides temporary relief of symptoms.

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	Aortic valve	Immediate Reoperation- Aortic Valve
i. At the time of Pre-authorization		
a. Clinical notes	Yes	Yes
b. Clinical notes indicating need for reoperation	No	Yes
c. Echo/Doppler report	Yes	Yes
ii. At the time of claim submission		
a. Procedure / Operative notes	Yes	Yes
b. Post procedure stills of ECHO with report	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes



d. Barcode of implant, if used	Yes	Yes
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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 Echo/ Doppler report suggestive of Aortic Stenosis/ Aortic Regurgitation? Yes

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

References

1. Rajput FA, Zeltser R. Aortic Valve Replacement. [Updated 2020 Jun 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-.
2. Varadarajan P, Kapoor N, Bansal RC, Pai RG. Survival in elderly patients with severe aortic stenosis is dramatically improved by aortic valve replacement: Results from a cohort of 277 patients aged > or =80 years. Eur J Cardiothorac Surg. 2006 Nov;30(5):722-7