

Guidance document for PM JAY package

Arch interruption Repair

Procedures covered/ Procedure Count: 2

Specialty: CTVS

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)	ALOS
Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair without VSD closure	New Package	SV003F	150,000 + Cost of implant	12 days
Surgical Correction of Category - III Congenital Heart Disease	Arch interruption Repair with VSD closure	S1300025	SV003G	150,000 + Cost of implant	12 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 **Arch interruption Repair**, 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:

Interrupted aortic arch is an anomaly that can be considered the most severe form of aortic coarctation. In an IAA, there is an anatomical and luminal disruption between the ascending and descending aorta. IAA is a ductus dependent lesion since this is the only way the blood flow can travel to places distal to the disruption. There is posterior malalignment of the conal septum additional to the interrupted aortic arch, producing a ventricular septal defect as an associated lesion. This lesion is present in approximately 73% of all cases. Due to this malalignment, there could be left ventricular outflow tract obstruction. Besides a ventricular septal defect, IAA can be associated with other more complicated cardiac anomalies; for example, transposition of the great arteries, truncus arteriosus, aortopulmonary window, single ventricle, aortic valve atresia, right-sided ductus, and double-outlet right ventricle.

Clinical Features

The child may be asymptomatic until the ductus arteriosus closes and the patient develops tachypnea, feeding difficulties, respiratory distress, cyanosis, and anuria which, ultimately, can lead to shock and death. The physical exam will reveal absent pulses with a difference in blood pressure between the right arm and lower extremities. Sometimes, there may be an oxygen discrepancy between the left and right side of the body.

Management

Once diagnosed, the treatment is immediate surgery. The objective of the surgery is to form unobstructed continuity between the ascending and descending aorta and to repair associated defects with the most common atrial and/or ventricular septum defect. The repair is done using either native arterial tissue, a homograft, or autograft, or prosthetic vascular graft or patch. For ventricular septal defect, the defect is closed with a synthetic patch. This synthetic patch is made up of polyester or polytetrafluoroethylene (ePTFE).

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	Arch interruption Repair without VSD closure	Arch interruption Repair with VSD closure
i. At the time of Pre-authorization		
a. Clinical notes	Yes	Yes
b. Echo/Doppler report	Yes	Yes
ii. At the time of claim submission		
a. Indoor case papers	Yes	Yes
b. Procedure / Operative notes	Yes	Yes
c. Post procedure stills of ECHO with report	Yes	Yes

d. Detailed Discharge Summary	Yes	Yes
e. Barcode of implant, if used	Yes	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	Arch interruption Repair without VSD closure	Arch interruption Repair with VSD closure
i. Pre-auth processing Doctor (PPD)		
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes	Yes
b. Was the echo/Doppler report suggestive of interrupted aortic arch?	Yes	Yes
ii. Claims processing Doctor (CPD)		
a. Are the indoor case papers submitted	Yes	Yes
b. Are the detailed Procedure / Operative notes submitted?	Yes	Yes
c. Does the Post procedure still of ECHO show repair of the defect?	Yes	Yes
d. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes	Yes
e. Is the barcode of implant used submitted?	Yes	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 the echo/Doppler report suggestive of interrupted aortic arch? Yes

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

References

1. Kouchoykos NT, Blackstone EH, Hanley FL, Kirklin JK. Kirklin/Barratt-Boyes Cardiac Surgery: Expert Consult-Online and Print (2-Volume Set). Elsevier Health Sciences; 2012 Oct 26.
2. Mavroudis C, Backer C. Pediatric cardiac surgery. Blackwell Publishing Ltd; 2013 Feb 28.