



## Guidance document for PM JAY package

### Balloon Atrial Septostomy

**Packages covered/ package count:1**

**Specialty: Cardiology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Balloon Atrial Septostomy	Balloon Atrial Septostomy	S1200001	MC006A	24,400

**ALOS: 2 days**

**Minimum qualification of the treating doctor:**

**Essential:** DM/DNB/ Equivalent(Cardiology)

**Special empanelment criteria/linkage to empanelment module:** Functional Cardiac Cath Lab

#### **Disclaimer:**

“For monitoring and administering the claim management process of Balloon Atrial Septostomy, 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:**

Balloon atrial septostomy (BAS) is an interventional procedure undertaken in some cyanotic congenital heart diseases (CHD) with the purpose of widening a restrictive atrial communication. A balloon is passed through restrictive atrial communication and inflated to a pre-determined size. Then it is jerkily pulled to IVC-RA junction, thus rupturing and widening the small inter-atrial communication. A successful procedure allows large inter-

atrial communication, significantly improving systemic O<sub>2</sub> saturation. It is an emergency palliative intervention prior to definitive surgery.

Generally agreed indications for balloon atrial septostomy are: transposition of the great arteries with or without associated cardiac defects, tricuspid atresia with restrictive ASD, pulmonary atresia with intact ventricular septum and total anomalous pulmonary venous connection with restrictive ASD. It may be indicated in patients with hypoplastic left heart syndrome for emergency relief of the trans-septal atrial gradient. Balloon atrial septostomy is an effective treatment in infants less than four to six weeks.

### 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	Balloon Atrial Septostomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with planned line of treatment	Yes
b. Echo report/ Doppler report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice of blade/balloon used	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	Balloon Atrial Septostomy
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<b>Pre-auth processing Doctor (PPD)</b>	
<i>Clinical notes</i> - detailed history, signs & symptoms, indication for procedure	Yes
Was the Echo/Doppler report suggestive of Transposition of the Great Arteries or other congenital heart defect necessitating atrial septostomy?	Yes
<b>Claims processing Doctor (CPD)</b>	
Are the detailed Procedure / Operative notes submitted?	Yes
Does the Post procedure still of ECHO show atrial septal defect?	Yes
Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
Is the Invoice of blade/balloon used 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/Doppler report showing Congenital heart defect requiring Atrial Septostomy? Yes

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

### **References**

1. Boehm W, Emmel M, Sreeram N. Balloon atrial septostomy: history and technique. Images PaediatrCardiol. 2006;8(1):8-14.
2. Cinteza E, Carminati M. Balloon atrial septostomy - almost half a century after. Maedica (Buchar). 2013;8(3):280-284.
3. Feltes TF, Bacha E, Beekman III RH, et al. Indications for Cardiac Catheterization and Intervention in Pediatric Cardiac Disease A Scientific Statement From the American Heart Association. Circulation. 2011;123:2607–2652
4. Martins P, Castela E. Transposition of the great arteries. Orphanet J Rare Dis. 2008;3:27. Published 2008 Oct 13. doi:10.1186/1750-1172-3-27