



Guidance document for PM JAY

Balloon Pulmonary Valvotomy

Procedures covered/ procedure count:1

Specialty: Cardiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Balloon Pulmonary Valvotomy	Balloon Pulmonary Valvotomy	S1200004	MC004A	23,400+ Cost of balloon

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 Pulmonary Valvotomy, 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:

Pulmonary valve stenosis is a congenital or acquired (carcinoid syndrome) reduction in the area of the pulmonary valve. Congenital valvular pulmonary stenosis (PS) accounts for 5–10% of all congenital heart disease. In most of the cases, the stenosis is due to fusion of commissures leading to “doming” of the valve leaflets in systole. Rarely it may be due to dysplastic leaflets. Balloon pulmonary valvuloplasty (BPV) is safe and effective in attaining both immediate and longterm reduction of pulmonary valvular gradients and is currently the preferred therapeutic modality for “doming” valvular PS.

Clinical Features: Neonates with critical stenosis present with cyanosis due to right to left shunt at atrial level and a systolic murmur. In children, it presents with systolic murmur. In adults, it may present with effort intolerance, lightheadedness and chest pain. Classical signs are loud ejection systolic murmur with variable ejection click, wide split S2 with soft or absent P2 and right ventricular heave.

Indications for Intervention:

1. Newborn with severe valvular PS with duct dependent circulation
2. Infant or children with RV dysfunction with valvular PS regardless of valve gradient
3. Valvular PS with peak gradient > 64 mmHg

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 Pulmonary Valvotomy
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment	Yes
b. Detailed Echo report	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice of 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 Pulmonary Valvotomy
i. Pre-auth processing Doctor (PPD)	
a. <i>Clinical notes</i> - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Echo report suggestive of Pulmonary valve stenosis?	Yes
ii. Claims processing Doctor (CPD)	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. Does the Post procedure still of ECHO show reduced gradient?	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
d. Is the Invoice of 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 report showing Pulmonary valve stenosis? Yes

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

References

1. Deora S, Vyas C, Shah S, Patel T. Percutaneous balloon pulmonary valvuloplasty: a modified over-the-wire Inoue balloon technique for difficult right ventricular anatomy. *Indian Heart J.* 2014;66(2):211-213. doi:10.1016/j.ihj.2013.12.010
2. Davidson's Principles and Practice of Medicine 21st Edition pg 624