



## Guidance document for PM JAY package

### PDA Stenting

**Packages covered/ package count:1**

**Specialty: Cardiology**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
PDA Stenting	PDA Stenting	S1200019	MC010A	40,260+ Cost of implant

**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 PDA Stenting, 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:**

Infants with critical congenital heart defects that are dependent on the patency of the ductus arteriosus (PDA) for survival can be categorized into three groups.

**1. Duct dependent Pulmonary Circulation:** Conditions where pulmonary circulation is dependent on patency of ductus arteriosus viz pulmonary atresia or critical RVOT/ pulmonary stenosis or severe Ebstein's anomaly

**2. Duct dependent systemic circulation:** Conditions where systemic circulation is dependent on patency of ductus arteriosus vz hypoplastic left heart syndrome, interrupted aortic arch, critical LVOT obstruction or critical coarctation

**3. Admixture Lesions:** TGA with ductus as only site for mixing of circulation.

These conditions require ductal patency to maintain perfusion either for pulmonary circulation or for complete or partial (lower part of body) systemic circulation. If ductus constricts, progressive acidosis develops, leg pulses become weak, impalpable and oliguria develop due to renal impairment and become progressively compromised. Therefore, stenting of ductus is done till definitive management

### Clinical Features

**Duct-dependent Systemic circulation:** hypoxia and respiratory distress, severe heart failure, absent femoral pulses, severe metabolic acidosis.

**Duct-dependent Pulmonary circulation:** cyanosis, tachypnoea, normal pulses, improvement in systemic saturation on 100% oxygen inhalation.

Success of the procedure depends on careful case selection based on the angiographic morphology of the ductus.

### 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	PDA Stenting
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Echo report or Angiography Report	Yes
<b>ii. At the time of claim submission</b>	
Procedure / Operative notes	Yes
Per-procedure or Post procedure stills of angio or ECHO showing stent in place, with report	Yes
Detailed Discharge Summary	Yes
Invoice of stent used	Yes
Barcode of stent used	Yes

## **PART II: GUIDELINES FOR PROCESSING TEA**

### **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 or Angiography report showing duct-dependent congenital heart disease? Yes

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

1. **References:** Alwi M. Stenting the ductus arteriosus: Case selection, technique and possible complications. *Ann PediatrCardiol.* 2008;1(1):38-45. doi:10.4103/0974-2069.41054
2. Alwi M, Choo KK, Latiff HA, Kandavello G, Samion H, Mulyadi MD. Initial results and medium-term follow-up of stent implantation of patent ductus arteriosus in duct-dependent pulmonary circulation. *J Am Coll Cardiol.* 2004;44(2):438-445
3. Cucerea M, Simon M, Moldovan E, Ungureanu M, Marian R, Suciu L. Congenital Heart Disease Requiring Maintenance of Ductus Arteriosus in Critically Ill Newborns Admitted at a Tertiary Neonatal Intensive Care Unit. *J Crit Care Med (TarguMures).* 2016;2(4):185-191.