



Guidance document for PM JAY package

Peripheral Angioplasty

Procedures covered/ procedure count: 1

Specialty: Cardiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Peripheral Angioplasty	Peripheral Angioplasty	S1200011, S1200010	MC017A	34,500+ Cost of implant

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: MD/ 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 **Peripheral Angioplasty**, 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:

Peripheral arterial disease (PAD) refers to any obstructive disease of arteries other than the coronary and cerebral arteries, generally referring to extremities. PAD affects approximately 5-10% of adults older than 55 years in India and is a powerful predictor of cardiovascular mortality. About half of all people with PAD are asymptomatic, whereas about one fifth have the typical symptoms of intermittent claudication, including muscle pain due to the lack of

blood supply, and a small proportion (< 10%) have more severe symptoms, i.e. muscle pain at rest and/ or ischaemic ulceration or gangrene of toes, which define critical limb ischaemia. Based on the severity of the symptoms, the disease can be classified into Fontaine stages I–IV: stage I indicates the asymptomatic state, stage IIa is defined by the occurrence of intermittent claudication after a pain-free walking distance of more than 200 m, stage IIb by intermittent claudication after walking a distance of less than 200 m, stage III by pain at rest, and stage IV by the presence of ischaemic ulcers.

The progression of PAD and its local and systemic complications can be halted and reduced by lifestyle modifications (physical exercise), and medical therapy, which should include control or elimination of atherosclerotic risk factors (cigarette smoking, hypertension, diabetes mellitus, and hyperlipidaemia).

Revascularization procedures, whether endovascular or surgical, are indicated for individuals with a life-style-limiting disability due to intermittent claudication or critical limb ischaemia. Percutaneous transluminal angioplasty (PTA) is a well-established endovascular technique for revascularising obstructed lower and upper limb arteries.

For upper limb disease, revascularization is indicated in symptomatic patients with TIA/ stroke, coronary subclavian steal syndrome, ipsi-lateral hemodialysis access dysfunction or impaired quality of life. Revascularization should be attempted in asymptomatic patients with planned CABG using internal mammary artery, those with ipsilateral hemodialysis access, as well as asymptomatic patients with significant subclavian stenosis/ occlusion for adequate BP surveillance. In lower limbs, endovascular therapy with stent recommended for short (< 5cm) iliac disease, aorto-iliac occlusive lesions, long and/ or bilateral lesions in patients with severe comorbidities, short (ie 50 cm), and infra-popliteal lesions causing chronic limb threatening ischemia. **1.3Mandatory 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	Peripheral Angioplasty
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Doppler ultrasound/ Digital subtraction angiography/ Computed tomography angiography/ magnetic resonance angiography report with stills	Yes
c. Angiogram Report with stills	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Post procedure stills of Angio with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice/ Barcode of stent 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	Peripheral Angioplasty
I. Pre-auth processing Doctor (PPD)	
a. <i>Clinical notes</i> - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Echo/ Doppler report suggestive of peripheral arterial disease?	Yes
c. Was the Angiogram report suggestive of Peripheral arterial disease?	Yes
II. Claims processing Doctor (CPD)	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. Does the Post procedure report/ still of angiogram show stent placement in affected vessel?	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
d. Is the Invoice/ Barcode of stent 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, colour Doppler or Angiography report showing Peripheral Artery disease? Yes

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

References:



1. Visonà A, Tonello D, Zalunardo B, et al. Antithrombotic treatment before and after peripheral artery percutaneous angioplasty. *Blood Transfus.* 2009;7(1):18-23.
2. Diehm C, Schuster A, Allenberg JR, et al. High prevalence of peripheral arterial disease and co-morbidity in 6880 primary care patients: cross-sectional study. *Atherosclerosis.* 2004;172:95–105.
3. Hankey GJ, Norman PE, Eikelboom JW. Medical treatment of peripheral arterial disease. *JAMA.* 2006;295:547–53.
4. Hirsch AT, Haskal ZJ, Hertzner NR, et al. ACC/AHA 2005 Practice Guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic Circulation. 2006;113: e463–654.
5. Dotter CT, Judkins MP. Transluminal treatment of arteriosclerotic obstruction. Description of a new technique and a preliminary report of its application. 1964. *Radiology.* 1989;172:904–20.