



Guidance document for PM JAY package

Vascular Ring Division

Procedures covered/ Procedure Count: 1

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Surgical Correction of Category - I Congenital Heart Disease	Vascular Ring Division	S1300050	SV001F	100,000	10 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 **Vascular Ring Division**, 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:

Complete vascular rings are aortic arch anomalies in which the trachea and esophagus are compressed by the aortic arches and their derivatives.

Clinical Features

Patients can present with symptoms of stridorous breathing, dysphagia, a “barky” chronic cough, susceptibility to bronchopneumonia, head retraction, malnutrition, onset during early infancy, and an increase of respiratory distress during feeding.

Diagnosis

Generally, diagnostic studies should include a barium swallow, echocardiography, computed tomography of the chest or magnetic resonance imaging of the heart and the great arteries, or conventional angiography of the great arteries.

Management

Thoracotomy should be carried out on the side of the smaller or atretic aortic arch and on the side of the persistent ductus arteriosus or ligamentum arteriosum. In the presence of a double aortic arch, compression of the esophagus and the trachea is relieved by ligation and division of both the smaller or atretic aortic arch and the persistent ductus arteriosus or ligamentum arteriosum.

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	Vascular Ring Division
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo/Barium swallow/CT/MRI/ Angiography 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

PART II: GUIDELINES FOR PROCESSING TEAM

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/ Barium swallow/CT/MRI/angiography report suggestive of vascular ring?
Yes



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

References

1. Nagre SW, Kulkarni DV. Double Aortic Arch Surgery. Indian J VascEndovasc Surg [serial online] 2015 [cited 2020 Jun 30];2:118-21.
2. Becit N, Erkut B, Karaca Y. Vascular ring: tracheoesophageal compression associated with symmetrical double aortic arch. Tex Heart Inst J. 2008;35(2):209-210.
3. Olearchyk AS. Right-sided double aortic arch in an adult. J Card Surg 2004;19(3):248–51
4. Kouchoukos NT, Blackstone EH, Doty DB, Hanley FL, Karp RB. Kirklin/Barratt-Boyes cardiac surgery: morphology, diagnostic criteria, natural history, techniques, results, and indications. 3rd ed. Philadelphia: Churchill Livingstone; 2003. p. 1417–24