

Guidance document for PM JAY package

Aortic Arch Replacement

Procedures covered: 1

Specialty: CTVS, General Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Aortic Arch Replacement using bypass	New Package	SV015A	1,50,000 + graft cost

ALOS: 12-14 days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/Equivalent (in Cardiothoracic Surgery)

Special empanelment criteria/linkage to empanelment module: Care at a Tertiary Hospital with equipped facilities for bypass

Disclaimer:

For monitoring and administering the claim management process of **Aortic Arch Replacement using bypass**, 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:

Aortic arch aneurysm can result from atherosclerosis, trauma, congenital disorder, Takayasu's arteritis, or infection. Atherosclerosis is the most common cause of aortic arch aneurysm.

Clinical presentation:

- Usually asymptomatic, may have been detected radiologically.
- Change in voice.

- Respiratory difficulty.
- Hemoptysis
- Dysphagia
- In case of aorto-arteritis, the patient may have additional limb claudication or constitutional symptoms

Aortic arch replacement

Aortic arch replacement remains one of the most formidable operations in cardiovascular surgery. The aortic arch is defined anatomically as that segment of the aorta from which the innominate artery, left common carotid artery (LCCA), and left subclavian artery (LSCA) arise. Open replacement of the arch segment entails interrupting circulation to these brachiocephalic vessels during the repair, necessitating the use of strategies to protect the brain in the process.

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	Aortic Arch replacement using bypass
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication of graft requirement, and planned line of management	Yes
b. CXR Chest	Yes
c. ECG (Electrocardiogram)	Yes
d. 2DECHO	Yes
e. CT/MRI	Yes
f. Optional Duplex scan Angiography	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative notes	Yes
c. Intraoperative neurologic monitoring if applicable	Yes
d. Graft details - barcode/invoice (if artificial graft used)	Yes
e. Post-op investigations CT angiography (Optional)	Yes
f. Detailed Discharge Summary	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. Clinical notes – all vitals, symptoms, signs, physical examination, indication for procedure, and planned line of treatment.
- b. Did the clinical condition and imaging confirm the diagnosis?

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Are the detailed ICPs with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Does the severity and imaging indicate surgery?
- d. Was graft detail (barcode/invoice) available in case of artificial graft?
- e. Is the Discharge summary with follow-up advise at the time of discharge?

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:

- I. Was the clinical condition, severity, and imaging indicative of surgery? Yes

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

References

1. Joanna Chikwe, David Cooke, Aaron Weiss. Oxford Specialist Handbook of Cardiothoracic Surgery. Second Edition. 2013. Oxford University Press.
2. de la Cruz KI, Coselli JS, LeMaire SA. Open aortic arch replacement: a technical odyssey. *J Extra Corpor Technol*. 2012;44(1):P42-P47.
3. <https://surgery.ucsf.edu/conditions--procedures/aortic-arch-disease.aspx>