



## Guidance document for processing PM-JAY packages

### Peripheral Arterial Surgeries-Lower Limb

Procedures covered: 6

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Peripheral Arterial Surgeries	Axillo - femoral bypass - B/L	S1300079	SV019Q	50,000 + Graft cost
Peripheral Arterial Surgeries	Axillo - femoral bypass - U/L	S1300092	SV019P	50,000 + Graft cost
Peripheral Arterial Surgeries	Femoral - popliteal Bypass	S1300080	SV019K	50,000 + Graft cost
Peripheral Arterial Surgeries	Femoral aneurysm repair	S1300081	SV019I	50,000 + Graft cost
Peripheral Arterial Surgeries	Femoro - Femoral Bypass	New Package	SV019A	50,000 + Graft cost
Peripheral Arterial Surgeries	Popliteal aneurysm repair	S1300080	SV019J	50,000 + Graft cost

**ALOS (In days):** 7 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/ or equivalent (in Cardiothoracic Surgery, Vascular Surgery)

**Special empanelment criteria/linkage to empanelment module:** Tertiary care facilities

#### Disclaimer:

For monitoring and administering the claim management process of **Peripheral Arterial Surgeries-Lower limb** 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 artery disease (PAD)** occurs when plaque accumulates in the arterial system and obstructs blood flow.

- **Atherosclerosis** plaques accumulates inside the arterial intima and obstructs the lumen of the vessel causing a reduction in blood flow, which leads to diminished oxygen supply to the recipient tissues.
- **An arterial aneurysm** is a bulge in the artery that develops in areas where the arterial wall is weak.
- **Also**, certain natural branch points and curvatures within the vascular tree are more susceptible to atherosclerosis due to turbulent blood flow and shear stress.

## Lower Limb Peripheral Arterial diseases:

1. **Axillo - femoral bypass** Bilateral and Unilateral (B/L, U/L): Axillofemoral bypass is revascularization used in the patients with aortoiliac occlusive, who have no endovascular option or cannot undergo an aorto-femoral reconstruction.
  - The surgery depends on adequate inflow of axillary artery to the ipsilateral arm and one or both legs.
  - Technique involve exposure of axillary artery, exposure to femoral artery, tunneling of graft
2. **Femoro - Femoral Cross-over Bypass:**
  - It is a surgical method of revascularization used in the setting of unilateral common and/or external iliac artery occlusive disease.
  - It is a commonly used means of extra-anatomic vascular reconstruction for patients with disabling claudication or critical limb-threatening ischemia (CLTI).
  - Also used as a component of endovascular repair of abdominal aortic aneurysms (AAAs).
3. **Femoral - popliteal Bypass** is a procedure used to treat femoral artery disease.
4. **Femoral aneurysm repair**
  - True femoral artery aneurysms are rare and include dilation of all the layers of the vessel wall.
  - Risks associated with Femoral aneurysm includes thrombosis/occlusion, distal embolization, and rupture.
  - They are more commonly seen in individuals who are older than 70 years of age and male.
  - Consideration should be given to repair of asymptomatic femoral artery aneurysms when they exceed about 2.5 cm in diameter.
  - Generally repaired using the open surgical technique.

## 5. Popliteal aneurysm repair:

- Surgical bypass is considered the gold standard for popliteal artery aneurysm (PAA) repair, especially in young patients fit for conventional surgery.
- Endovascular treatment, great saphenous vein (GSV) bypass, and prosthetic bypass and Open surgeries are treatment options.
- In a patient with multiple other aneurysms (such as aortic or popliteal), the symptomatic aneurysm should be addressed first.

### Indications:

- Symptomatic lower-extremity ischemia (disabling claudication, rest pain, tissue loss)
- Unavailability of endovascular options for management of iliac occlusive disease
- Patients presenting with infected aortic grafts or aortoenteric fistulae.
- Intermittent Claudication, Aortoenteric fistulae, Aortic coarctation
- Patients without endovascular options for management of their ischemic symptoms
- Symptomatic lower-extremity ischemia
- Acute (thrombosed aortoiliac system) or chronic

## 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	Peripheral Arterial Surgeries- Lower Limb
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Angiogram / CT Angiogram / Doppler ultrasound /MRI reports investigations confirming the diagnosis	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice/barcode of graft used (if artificial graft used)	Yes
d. 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:**

- I. Was patient Angiogram / CT Angiogram / Doppler ultrasound/ MRI report indicative of procedure? Yes

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

#### **References:**

1. Mishall, Priti L., et al. "Axillobifemoral bypass: a brief surgical and historical review." The Einstein journal of biology and medicine: EJBM 31.1-2 (2016): 6.
2. Saadeddin, Zein M., et al. "Comparison of Early and Late Post-operative Outcomes after Supra-inguinal Bypass for Aortoiliac Occlusive Disease." European Journal of Vascular and Endovascular Surgery 58.4 (2019): 529-537.
3. Shibutani, Shintaro, et al. "Nonanastomotic pseudoaneurysm with complete disruption of an expanded polytetrafluoroethylene axillofemoral bypass graft." Annals of vascular surgery 26.3 (2012): 422-e9.
4. <https://emedicine.medscape.com/article/1895225-overview>
5. Mingoli, Andrea, et al. "Femorofemoral bypass grafts: factors influencing long-term patency rate and outcome." Surgery 129.4 (2001): 451-458.
6. Saleem, Taimur, and Donald T. Baril. "Femoral Aneurysm Repair." (2017).
7. Ronchey, Sonia, et al. "Popliteal artery aneurysm repair in the endovascular era: fourteen-years single center experience." Medicine 94.30 (2015).