

Guidance document for processing PM-JAY packages

Peripheral Arterial Surgeries -Neck

Procedures covered: 6

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Peripheral Arterial Surgeries	Aorto - carotid bypass	S1300085	SV019R	50,000 + Graft cost
Peripheral Arterial Surgeries	Carotid - endarterectomy	New Package	SV019B	50,000 + Graft cost
Peripheral Arterial Surgeries	Carotid aneurysm repair	S100151	SV019E	50,000 + Graft cost
Peripheral Arterial Surgeries	Carotid Body Tumor Excision	S100152	SV019C	50,000 + Graft cost
Peripheral Arterial Surgeries	Carotido - subclavian bypass	New Package	SV019N	50,000 + Graft cost
Peripheral Arterial Surgeries	Carotico - carotid Bypass	New Package	SV019M	50,000 + Graft cost

ALOS (In days): 7 Days

Minimum qualification of the treating doctor:

Essential: MCh/DNB/ or Equivalent (in Cardiothoracic Surgery, Vascular Surgery, ENT Surgery- Only for the Carotid Body Tumor Excision procedure)

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

Disclaimer:

For monitoring and administering the claim management process of **Peripheral Arterial Surgeries - Neck** 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.

Neck:

1. **Aorto - carotid bypass/ Carotido - subclavian bypass/ Carotido - carotid Bypass**
 - **Aorto-carotid bypass** is effective for treating cerebrovascular ischemia due to long-segment or proximal carotid narrowing.
 - The morbidity of carotid bypasses: stroke (0.5-8%) and nerve injury (up to 10%).
2. **Carotid – endarterectomy** is a surgery that removes plaque inside a carotid artery. Carotid endarterectomy should remain the procedure of choice for stroke prevention in patients with severe, symptomatic carotid stenosis. Whereas Carotid Artery Stenting may be a good alternative in those symptomatic patients who have major medical comorbidities precluding CEA, in those who have a restenosis after previous CEA, and in those with stenosis related to prior neck radiation.
3. **Carotid aneurysm repair:** Carotid artery aneurysms are extremely uncommon, treatment is surgical repair which involves the resection of that portion of the carotid artery that is involved with the aneurysm, followed by a bypass. Whereas management of the internal carotid artery aneurysms using endovascular stenting and embolization has recently been reported.
4. **Carotid Body Tumor Excision:**
 - Carotid body tumor (CBT) is a rare tumor, which arises at bifurcation of carotid artery from chemoreceptor cells.
 - As per the literature the types of carotid body tumors are Familial, Sporadic, Hyperplastic.
 - Surgical excision should be performed as early as possible.

Diagnosis:

1. Ultrasound (arterial Duplex scan)/ CT scan/ Angiography (CTA)/ Magnetic resonance angiography (MRA)

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 - Neck
i. At the time of Pre-authorization	
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 /Magnetic resonance angiography (MRA) reports investigations confirming the diagnosis	Yes
ii. At the time of claim submission	
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:**

- Was patient Angiogram / CT Angiogram / Doppler ultrasound/ Magnetic resonance angiography (MRA) reports indicative of procedure? Yes

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

References:

- 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.
- Han, Hong Seok, et al. "Aorto-carotid bypass in patients with Takayasu arteritis." Annals of surgical treatment and research 93.3 (2017): 143-151.
- Hage, Ziad A., et al. "Carotid bypass for carotid occlusion." Current Atherosclerosis Reports 17.7 (2015): 36.



4. Naughton, P. A., et al. "Carotid artery reconstruction for infected carotid patches." *European Journal of Vascular and Endovascular Surgery* 40.4 (2010): 492-498.
5. Skóra, Jan Paweł, et al. "Surgical management of extracranial carotid artery aneurysms." *Vasa*. [r1] 45 (2016): 223-8.
6. <https://emedicine.medscape.com/article/1895313-overview#a3>
7. Pandian, Jeyaraj D. "Recent concepts in the management of extracranial carotid stenosis: carotid endarterectomy versus carotid artery stenting." *Neurology India* 59.3 (2011): 376.
8. Jahromi, Alireza Hamidian, et al. "Endovascular repair of symptomatic carotid artery aneurysm with covered stent: A case report and literature review." *SAGE open medical case reports* 3 (2015): 2050313X15572502.
9. Karigar, Shivanand L., Sangamesh Kunakeri, and Akshaya N. Shetti. "Anesthetic management of carotid body tumor excision: A case report and brief review." *Anesthesia, essays and researches* 8.2 (2014): 259.