



Guidance document for processing PM-JAY packages

Peripheral Arterial Surgeries Upper limb

Packages covered: 7

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)
Peripheral Arterial Surgeries	Thoracic Outlet syndrome Repair	New Package	SV019D	50,000 + Graft cost
Peripheral Arterial Surgeries	Subclavian aneurysm repair	New Package	SV019F	50,000 + Graft cost
Peripheral Arterial Surgeries	Axillary aneurysm repair	New Package	SV019G	50,000 + Graft cost
Peripheral Arterial Surgeries	Brachial aneurysm repair	New Package	SV019H	50,000 + Graft cost
Peripheral Arterial Surgeries	Axillo - Brachial Bypass	S1300082	SV019L	50,000 + Graft cost
Peripheral Arterial Surgeries	Carotido - axillary bypass	S1300068	SV019O	50,000 + Graft cost
Peripheral Arterial Surgeries	Aorto - subclavian bypass	New Package	SV019S	50,000 + Graft cost

ALOS (In days): 7 Days

Minimum qualification of the treating doctor:

Essential: M.Ch./DNB/equivalent (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 upper 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.

Upper extremity and Thoracic:

1. **Carotido - axillary bypass/ Aorto - subclavian bypass/ Axillo - Brachial Bypass:**
Operative repair is indicated for symptomatic occlusion of the proximal arterial supply.
2. **Brachial aneurysm repair/ Axillary aneurysm repair/ Subclavian aneurysm repair**
 - Arterial aneurysms are uncommon lesions, leads to upper extremities vascular as well as neurologic complications.
 - Atherosclerotic aneurysms or as a result of penetrating or blunt trauma. Sometimes mycotic lesion.
 - Surgical procedure involves excision of the aneurysm with a native or artificial/ vein graft replacement. Endovascular grafting is a good alternative in selected suitable patients.

Thoracic outlet syndrome categories: (TOS)

- Arterial: Arterial major variant and Minor variant:
- Venous: Subclavian axillary vein is compressed in the thoracic outlet generally between the head of the clavicle and the first rib.
- Neurogenic: true neurogenic thoracic outlet syndrome

Indications:

- A symptomatic patient where pain is not relieved by conservative measures.
- Motor deficit
- Vascular complications

Diagnosis:

1. EMG and /or nerve conduction studies/ Ultrasound (arterial Duplex scan)/ CT scan/ Angiography (CTA)/ Angiography (DSA)

Management:

- Treatment plan is usually based on severity.
- **Treatment aim:** Decompression of thoracic outlet removal of any associated cervical rib and reconstruction of the artery.
- **Neurogenic:** Number of surgical procedures designed to decompress the thoracic outlet and relieve possible neurogenic symptoms
- **Interventional procedures** include angioplasty (to widen or clear the blocked vessel), angioplasty with stent placement (to support the cleared vessel and keep it open), or atherectomy (to remove the blockage).

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 Upper Limb
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 / MRI 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

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 Arterial Surgeries Upper Limb
iii. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Was the Angiogram / CT Angiogram / MRI reports report suggestive of Peripheral arterial diseases	Yes
iv. At the time of claim processing- For claims processing doctor (CPD)	
a. Are Detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the detailed Procedure / Operative notes submitted?	Yes
c. Is the Invoice/barcode of graft used submitted? (if artificial graft used)	Yes
d. Is there a Detailed Discharge Summary mentioning date of follow-up 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:

- I. Was patient Angiogram / CT Angiogram / MRI reports indicative of Peripheral arterial diseases? 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.
- Zhan, Bicheng, Shijiang Zhang, and Yongfeng Shao. "Operation for huge subclavian artery aneurysm: a case report." Journal of thoracic disease 2.2 (2010): 117.
- Igari, Kimihiro, et al. "Surgical treatment of aneurysms in the upper limbs." Annals of Vascular Diseases 6.3 (2013): 637-641.
- Azhough, Ramin, and Farnaz Hafez Quran. "A case of true brachial artery aneurysm in an elderly male." Journal of cardiovascular and thoracic research 4.1 (2012): 25.



5. https://my.clevelandclinic.org/treatment-guides/14-0028-aortic-aneurysm-treatment-guide?_ga=2.57791849.2115675458.1603906796-229474136.1601109980#diagnosis-tab
6. Tetik, Omer, et al. "Surgical treatment of axillary artery aneurysm." Texas Heart Institute Journal 32.2 (2005): 186.