

Guidance document for processing PM-JAY packages

Vascular Anomalies

Procedures covered: 3

Specialty: Plastic & Reconstructive Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Hemangioma	Sclerotherapy under GA	S1000003	SP007A	35,000	1 Day
Hemangioma	Debulking	S1000004	SP007B	35,000	5-7 Days
Hemangioma	Excision	S1000004, S100067, S100068	SP007C	35,000	5-7 Days

Minimum qualification of the treating doctor:

Essential: MS/Equivalent (in General Surgery); MCh/DNB/Equivalent (in Plastic Surgery, Pediatric Surgery, Vascular Surgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital.

Disclaimer:

For monitoring and administering the claim management process **Hemangioma**, 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:

- Vascular anomalies can be divided into vascular tumours (or hemangioma) and vascular malformations based on their clinical behaviour and cellular characteristics.
- Hemangiomas are benign tumors often not present at birth, but make their appearance during the first month. Malformations are always present at birth (but may present clinically at birth, childhood or adulthood), their growth is commensurate with the patient's and they never involute.
- The most common vascular tumors consist of infantile hemangioma (IH), congenital hemangioma (CH), pyogenic granuloma, and kaposiform hemangioendothelioma (KHE).
- IHs are common childhood tumors that undergo a characteristic pattern of proliferative growth phase followed by slow involution. IHs can also be focal, multifocal, or segmental based on their anatomic distribution. CHs are rare and fully present at birth; they are categorized as rapidly involuting CH (RICH), non-involuting CH (NICH), or partially involuting CH (PICH) depending on their clinical behavior. The majority are small, nonproblematic, and can be managed conservatively, unsightly sequelae and proximity to critical structures require surgical treatment. Some hemangiomas may be associated with underlying syndromes or visceral involvement.
- Malformations are divided into slow-flow lesions (Capillary, Venous, Lymphatic) or fast-flow anomalies (Arteriovenous malformation, arterial aneurysm etc.). Combined vascular anomalies, most commonly lymphatic venous malformation, can also occur.

Clinical presentation

- Red or bluish discoloration of skin
- Swelling over the body which is compressible
- Symptomatic lesions may develop ulceration, bleeding, vision disturbances, functional limitations, or disfigurement.
- May present with thromboembolic or haemorrhagic complications following sclerotherapy, surgery, trauma, prolonged immobilization, hormonal changes including pregnancy and menstruation, and sepsis.

Diagnosis

Diagnosis is based on clinical history, physical examination, and, when unclear, assisted with ultrasound, doppler study or MRI.

Management

- Current treatment options for haemangioma include medical therapy (steroids/propranolol), direct intralesional steroid injections, surgical resection, laser therapy. A combination of more than one treatment modality is often performed in larger or resistant lesions.

- Propranolol is the mainstay of treatment for large or symptomatic IH, including subglottic and parotid disease. Corticosteroid therapy is an alternative option for patients who have contraindications or inadequate response to propranolol.
- Laser therapy (pulse dye laser/ Nd:YAG) is a treatment option typically used for persistent telangiectasia or residual lesions during or after hemangioma involution.
- Surgical excision is reserved for ulcerative, bleeding, and significantly protruding hemangiomas. This can be performed alone or in combination with other treatments, especially when response to other treatments is limited or ineffective
- Hepatic hemangioma may require multimodal therapy, including treatment with steroids, propranolol, and embolization.
- Treatment for vascular malformations depends on the type of malformation and include LASER therapy (for capillary malformations), injection of sclerosing agent or sclerotherapy (for venous malformation), embolization (for arterial malformations) and debulking/ surgical excision.

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	Hemangioma
i. At the time of Pre-authorization	
Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Clinical photograph	Yes
Complete blood count	Yes
Coagulation profile	Yes
USG affected part	Yes
Doppler study	Yes
Optional Electrocardiogram (ECG) Blood sugar estimation for patients on Propranolol MRI affected part CT angiogram affected bone Digital Subtraction Angiography (for patients planned for embolotherapy)	Yes
Indication of sclerosing agent requirement (if applicable)	Yes

Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative photographs (optional)	Yes
Sclerosing agent details (if applicable)	Yes
Histopathological examination (optional)	Yes
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):

- Detailed Clinical notes – history (especially history include onset, timing, and progression of lesion growth, ulceration, bleeding, vision disturbance, and impact on function), signs & symptoms, indication for procedure, and planned line of treatment?
- Did clinical presentation, physical examination ± imaging confirm the diagnosis?
- Documentation of indication for sclerosing therapy (if applicable)?

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

- Are the detailed ICPs with daily vitals and line of treatment?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge provided?
- Invoice of sclerosing agent used (if applicable)?

PART III: GUIDELINES FOR IT

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 clinical presentation, evaluation findings \pm imaging indicative of procedure/surgery? Yes

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

References

1. DeHart A, Richter G. Hemangioma: Recent Advances. *F1000Res*. 2019;8:F1000 Faculty Rev-1926. Published 2019 Nov 18. doi:10.12688/f1000research.20152.1
2. Standard Treatment Guidelines. Pediatric Surgery. Health & Family Welfare Department. Government of Maharashtra.