



Guidance document for processing PM-JAY packages

Patch Graft Angioplasty

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Peripheral Arterial Surgeries	Patch Graft Angioplasty	New Package	SV019T	70,000

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 **Patch Graft Angioplasty** 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:

Patch angioplasty is the incorporation of a patch graft into the closure of an arteriotomy (an opening or cut of an artery wall).

Indications

- In patients with recurrent stenosis
- In patients with smaller than normal caliber vessels

- In those who have radiation arteriopathy after previous treatment for malignancy.
- Repair of smaller caliber vessels such as vertebral artery.
- Any closure that decreases the arterial circumference represents an indication for patch graft angioplasty.

Types of Graft materials used - Saphenous vein, Dacron, and polytetrafluoroethylene (PTFE)

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	Patch Graft Angioplasty
i. At the time of Pre-authorization	
a. Clinical notes with indication and admission notes.	Yes
b. Relevant investigations - Angiogram / CT Angiogram / MRI reports	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed procedure/ operative notes	Yes
c. 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:

Mandatory document	Patch Graft Angioplasty
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	

a. Are the Clinical notes with indication and admission notes submitted?	Yes
b. Were the investigations reports - Angiogram / CT Angiogram / MRI reports?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD)	
a. Are the detailed Indoor case papers (ICPs) submitted?	Yes
b. Are the detailed procedure/ operative notes submitted?	Yes
c. Is a detailed discharge summary 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. Were the patient's clinical notes and investigation reports (Angiogram / CT Angiogram / MRI) suggestive for the procedure? Yes

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

References:

1. Carlos A. David, A. Giancarlo Vishteh, Robert F. Spetzler, Nicholas Theodore, Patch graft angioplasty techniques for extracranial occlusive vascular disease, Operative Techniques in Neurosurgery, Volume 1, Issue 4, 1998, Pages 208-211, ISSN 1092-440X, [https://doi.org/10.1016/S1092-440X\(98\)80018-2](https://doi.org/10.1016/S1092-440X(98)80018-2).
2. Harling, Leanne & Sepehripouret et.al. (2012). Surgical patch angioplasty of the left main coronary artery. European journal of cardio-thoracic surgery: official journal of the European Association for Cardio-thoracic Surgery. 42. 719-27. 10.1093/ejcts/ezs324.