



Guidance document for processing PM-JAY packages

Surgical Correction of Category - III Congenital Heart Disease

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Surgical Correction of Category - III Congenital Heart Disease	Anomalous origin of the left coronary artery from the pulmonary artery (ALCAPA)	New Package	SV003Z	2,00,000+ Graft cost

ALOS (In days): 14 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 **Anomalous origin of the left coronary artery from the pulmonary artery (ALCAPA)**, 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:

Anomalous origin of the left coronary artery from the pulmonary artery (ALCAPA) is a rare congenital cardiac lesion. It causes myocardial ischemia with left ventricular (LV) dysfunction and mitral regurgitation (MR). If untreated, survival beyond infancy is rare.

Clinical manifestations of ALCAPA are due to myocardial ischemia, secondary to low-pressure coronary perfusion and insufficient collateral flow from the right coronary artery and reversed flow in the left coronary vessels to the pulmonary artery, which can cause coronary steal.

Operative procedures recommended as treatment for ALCAPA:

- Coronary artery bypass grafting.
- Channel repair (Takeuchi surgery).
- Coronary artery reimplantation.

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	ALCAPA
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. ECHO / Doppler report 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:

- I. Was patient ECHO / Doppler report indicative of procedure? Yes

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

References:

1. Naimo PS. Surgical Intervention for Anomalous Origin of Left Coronary Artery From the Pulmonary Artery in Children: A Long-Term Follow-Up. Ann Thorac Surg. :7.
2. Kazmierczak PA, Ostrowska K, Dryzek P, Moll JA, Moll JJ. Repair of anomalous origin of the left coronary artery from the pulmonary artery in infants. Interact Cardiovasc Thorac Surg. 2013 Jun;16(6):797–801.