



Guidance document for processing PM-JAY packages

Congenital Arterio Venous Fistula

Procedures covered: 1

Specialty: CTVS/Plastic Surgery/Pediatric surgery/Cardiology/Intervention Radiology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Peripheral Arterial Surgeries	Congenital Arterio Venous Fistula	New Package	SV019Z	70,000

ALOS (In days): 7 Days

Minimum qualification of the treating doctor:

Essential: MCh/ or equivalent (in Cardiothoracic Surgery, Vascular Surgery), Mch/DNB/Equivalent (in Plastic surgery, Pediatric surgery), DM/DNB/Equivalent in Cardiology or Interventional Radiology

Special empanelment criteria/linkage to empanelment module: Tertiary Care Facilities with the availability of Cath Lab.

Disclaimer:

For monitoring and administering the claim management process of **Congenital Arterio Venous Fistula** 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:

An abnormal connection between an artery and a vein is known as an arteriovenous fistula (AVF). Congenital Arterio Venous Fistula occurs in isolation or as a part of a complex arteriovenous (AV) malformation.

Signs &Symptoms:

- Patients with congenital AVF may not present until later in life, and a history of trauma should be ruled out. Depending upon location, these fistulas may be low-flow at birth and become high-flow lesions in adulthood.
- Fistulas of the extremities, may present with signs of venous hypertension, including varicosities, pain, and swelling—if a long-standing fistula, there may be significant size discrepancy between the two limbs.
- Patients with brain arteriovenous malformations (AVM) can present with headache, neurologic deficits, seizures, or a combination. These patients can also be at risk for hemorrhage or ischemia to the parenchyma surrounding the AVM/AVF due to steal syndrome.
- Arterio Venous Fistulas (AVFs) can also lead to systemic complications like high-output heart failure and pulmonary hypertension.

Diagnosis: Duplex ultrasound scan, Angiography, Computed tomography angiography (CTA), and Magnetic resonance angiography (MRA)

Indications:

- Congenital fistulas are typically repaired when they present due to sequelae (pathological consequences) in later life, as many may remain asymptomatic until adulthood.
- Hemodynamic instability, injury to adjacent tissue, and unsuccessful endovascular repair are all indications for open surgical intervention on a fistula.

Management

- Repair of arteriovenous fistula (AVF) can be done by endovascular or open surgical procedures
- Endovascular management includes the use of coils, stent-grafts, covered stents and cyanoacrylate glue for closing the fistula.
- Open Surgical Repair can be made via autogenous (usually saphenous vein) grafts, synthetic grafts, venous ligation (diameter dependent), bypass, or complex reconstruction involving one or more of the above.

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	Congenital Arterio Venous Fistula
i. At the time of Pre-authorization	
a. Clinical notes with detailed history, indications for the procedure and admission notes.	Yes
b. Relevant investigations - Duplex ultrasound scan/Angiography/CTAngiography (CTA)/ MRA	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed procedure/ operative notes	Yes
c. Barcode of the implant or graft if used (optional)	Yes
d. 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	Congenital Arterio Venous Fistula
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD)	
a. Are the Clinical notes with detailed history, indications for the procedure and admission notes submitted?	Yes
b. Were the investigations reports - Duplex ultrasound scan/Angiography/ CT Angiography (CTA)/ MRA submitted?	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 the barcode of the implant or graft if used submitted?	Yes
d. 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. Was the history of trauma or intervention that may cause arteriovenous fistula ruled out for the patient? Yes
- II. Were the patient's investigation reports Duplex ultrasound scan/Angiography/ CT Angiography (CTA)/ MRA suggestive of the procedure? Yes

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

References:

1. Jayroe H, Foley K. Arteriovenous Fistula. [Updated 2020 Aug 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559213/>
2. Mahajan A, Luther A. Acquired Arteriovenous Fistulae: A Study of Three Cases and Review of Literature. Indian J VascEndovasc Surg. 2016;3(4):125.