



## Guidance documentfor PM JAY package

### Systemic - Pulmonary Artery shunt

Procedures covered/ Procedure Count: 1

Specialty: CTVS

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Surgical Correction of Category - I Congenital Heart Disease	Systemic - Pulmonary Artery shunt	New package	SV001E	100,000 + implant price	10 days

**Minimum qualification of the treating doctor:**

**Essential:** M.Ch./DNB/ equivalent(Cardiothoracic Surgery)

**Special empanelment criteria/linkage to empanelment module:** Cardiothoracic Surgery OT

**Disclaimer:**

For monitoring and administering the claim management process of **Systemic - Pulmonary Artery shunt**, 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:**

The systemic to pulmonary artery shunts are done as palliative procedures for a variety of complex cyanotic congenital heart diseases. The spectrum may range from simple tetralogy of Fallots (TOFs)/pulmonary atresia (PA) to complex univentricular hearts with major

associated surgical problems. The systemic to pulmonary artery shunt provide the first line of management in these critically ill cyanotic neonates.

The main aim of the palliative surgery is to increase pulmonary blood flow in a controlled manner to alleviate cyanosis and improve exercise tolerance in the patients.

### Indications

Palliative shunts are not commonly done for most cases as initial corrective procedures are increasingly performed during infancy. It has mainly been possible due to improved extracorporeal circulation methods, modern perioperative supportive care, and refinements in operative technique.

Nevertheless, certain subsets of patients require this initial palliative surgery when cardiac disorders are not amenable to final corrective surgery. The indications can be broadly grouped as under:

- A. To increase blood flow to the lungs
  - 1. Tricuspid atresia and other univentricular conditions where bidirectional Glenn and Fontan shunts can only be performed after the decline in pulmonary vascular resistance which may take months
  - 2. PA(pulmonary atresia)
  - 3. TOF
  - 4. Neonatal Ebstein's with functional PA-rare
- B. Complete repair not possible
  - 1. Anatomical-aberrant coronary anatomy, left anterior descending coronary artery crosses the right ventricular (RV) outflow tract in TOF (approximately 5%)
  - 2. Physiological-prematurity, intracerebral bleed, or other contraindications to CPB
- C. Hypoplastic left heart syndrome
- D. To encourage growth of pulmonary arteries
  - 1. PA
  - 2. Ventricular septal defect (VSD) with aortopulmonary collaterals
  - 3. Inadequate pulmonary arteries.

### 1.3Mandatory 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	Systemic - Pulmonary Artery shunt
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	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	Systemic - Pulmonary Artery shunt
<b>i. Pre-auth processing Doctor (PPD)</b>	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Echo/ Doppler report suggestive of cyanotic congenital heart disease?	Yes
<b>ii. Claims processing Doctor (CPD)</b>	
a. Are the detailed Procedure / Operative notes submitted?	Yes
b. Does the Post procedure still of ECHO show systemic pulmonary artery shunt?	Yes
c. Is Detailed Discharge Summary with follow-up advice available	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:**

1. Was patient Echo/Doppler report showing cyanotic congenital heart disease? Yes

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

### **References**

1. Kiran U, Aggarwal S, Choudhary A, Uma B, Kapoor PM. The blalock and taussig shunt revisited. Ann Card Anaesth 2017;20:323-30
2. McKenzie ED, Khan MS, Samayoa AX, Vener DS, Ishak YM, Santos AB, et al. The Blalock-Taussig shunt revisited: A contemporary experience. J Am Coll Surg 2013;216:699-704.
3. Fellows KE, Freed MD, Keane JF, Praagh R, Bernhard WF, Castaneda AC. Results of routine preoperative coronary angiography in tetralogy of Fallot. Circulation 1975;51:561-6