



Guidance document for PM JAY

Balloon Aortic Valvotomy

Procedures covered/ procedure count:1

Specialty: Cardiology

Package name	HBP 1.0 code	HBP 2.0 code	Package price
Balloon Aortic Valvotomy	S1200002	MC004B	23,400+ Cost of balloon

ALOS: 2 days

Minimum qualification of the treating doctor:

Essential: DM/DNB/ equivalent(Cardiology)

Special empanelment criteria/linkage to empanelment module: Functional Cardiac Cath Lab

Disclaimer:

“For monitoring and administering the claim management process of Balloon Aortic Valvotomy, 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:

Aortic stenosis is a congenital or acquired reduction in the area of the aortic valve, resulting in obstruction of the blood flow from the left ventricle to the aorta. Aortic stenosis accounts for 2-5% of all congenital heart defects and is a potentially life-threatening disorder. Degenerative etiology is present in majority of cases after age of 60 years. Patients with mild aortic stenosis are usually asymptomatic. Patients become symptomatic when AS becomes severe, defined by aortic valve area less than 1.0 cm² (0.6 cm²/m²) and echocardiography is procedure of choice for evaluation. The symptoms are chest pain, syncope and dyspnoea.

Common Signs and Symptoms of Aortic Stenosis are:

a. Symptoms

- Exertional Dyspnea
- Angina
- Exertional Syncope
- Sudden death

b. Signs

- Ejectional systolic murmur
- Slow-rising carotid pulse
- Narrow pulse pressure
- Thrusting apex beat
- Signs of pulmonary venous congestion (eg. Crepitations)

Balloon valvuloplasty has evolved as procedure of choice in severe non-calcific isolated valvular aortic stenosis, particularly in children and adolescent. A re-intervention is required in majority of patients in long term.

Indications for Balloon Valvotomy:

1. In infants with critical valvular AS with duct dependent circulation
2. Children with isolated valvular AS with LV dysfunction, irrespective of valve gradient
3. Resting peak gradient of more than 50 mmHg on catheterization or more than 64 mmHg on echo.
4. Symptomatic with peak gradient > 40 mmHg on catheterization.

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	Balloon Aortic Valvotomy
i. At the time of Pre-authorization	
a. Clinical notes with planned line of treatment	Yes
b. Detailed Echo report	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes with indication of procedure	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice of balloon used	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:

1. Was patient Echo report showing Aortic stenosis? Yes

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

References

1. Olasińska-Wiśniewska A, Trojnarowska O, Grygier M, Lesiak M, Grajek S. Percutaneous balloon aortic valvuloplasty in different age groups. *PostępyKardiologiiInterwencyjnej*. 2013;9(1):61-67. doi:10.5114/pwki.2013.34029
2. Wacławski J, Wilczek K, Pres D, et al. The role of balloon aortic valvuloplasty in the era of transcatheter aortic valve implantation. *KardiochirurgiaTorakochirurgia Pol*. 2015;12(1):8-13. doi:10.5114/kitp.2015.50561
3. Davidson's Principles and Practice of Medicine 21st Edition pg 619