



Guidance Document for PM JAY package Pulmonary Artery Stenosis (PAS)

Procedures covered/ procedure count:1Specialty: Cardiology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
I. Pulmonary Artery Stenosis	Pulmonary Artery Stenosis	New Package	MC003B	38,600+cost of implant

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 **Pulmonary Artery Stenosis (PAS)**, 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 the ICMR poster and other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this document 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:

Pulmonary artery stenosis is a congenital or acquired narrowing of the pulmonary artery, leading to an enlarged heart and pressure overloaded right chambers of the heart.

This condition is often associated with other medical problems, such as a congenital heart defect, a genetic abnormality or an infection during pregnancy, as part of Williams-Beuren syndrome (WBS) or Alagille syndrome or after surgery for congenital heart disease involving pulmonary artery reconstruction. In addition, Takayasu arteritis and Behçet disease have been associated with pulmonary artery stenosis.

Symptoms may range from asymptomatic to frank right sided heart failure. It depends on location and severity of stenosis, and on associated underlying cardiac conditions. Infants may present with failure to thrive, lethargy, poor feeding or rapid breathing. Isolated PPS may present with signs of right sided pressure overload, CHF or soft systolic murmur centrally or over the lung fields.

Significance of narrowing can be decided by pressure monitoring of right sided chambers and pressure gradient across stenosis. Pulmonary angioplasty, preferably with stenting is indicated for hemodynamically significant proximal or distal PA stenosis, where the vessel is large enough to accommodate a stent which can be redilated to adult diameter as the child grows.

1.4 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	Pulmonary Artery Stenosis
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo-Doppler report and Stills	Yes
c. Angiogram Report and Stills	Yes
ii. At the time of claim submission	
a. Procedure/ Operation notes	Yes
b. Post Procedure Echo/Angiogram with reports and stills	Yes
c. Detailed discharge summary	Yes
d. Barcode of the balloon, If used	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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	Pulmonary Artery Stenosis
i. At the time of Pre-authorization	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Did the Echo-Doppler report and Stills suggestive of Pulmonary Artery Stenosis?	Yes
c. Was Angiogram Report and Stills suggestive of Pulmonary Artery Stenosis?	Yes
ii. At the time of claim submission	
a. Are the detailed Procedure/ Operation notes submitted?	Yes
b. Does Post Procedure Echo/Angiogram stills with report show increase in diameter of the affected part of Pulmonary Artery?	Yes
c. Is there a Detailed Discharge Summary mentioning date of follow-up submitted?	Yes
d. Is the Invoice of blade/balloon used submitted?	Yes

PART III: GUIDELINES FOR IT

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 the patient Echo/angio stills report showing Pulmonary Artery Stenosis? Yes

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

References

1. Adriano R. Tonelli et al. Peripheral pulmonary artery stenosis as a cause of pulmonary hypertension in adults. Pulm Circ. 2015 Mar; 5(1): 204–210



2. Franch RH, Gay BB Jr. Congenital stenosis of the pulmonary artery branches: a classification, with postmortem findings in two cases. *Am J Med* 1963;35(4):512–529.
3. Eldredge WJ, Tingelstad JB, Robertson LW, Mauck HP, McCue CM. Observations on the natural history of pulmonary artery coarctations. *Circulation* 1972;45(2):404–409.
4. Trivedi KR, Benson LN. Interventional strategies in the management of peripheral pulmonary artery stenosis. *J IntervCardiol* 2003;16(2):171–188.
5. Inglessis I, Landzberg MJ. Interventional catheterization in adult congenital heart disease. *Circulation* 2007;115(12):1622–1633.