



Guidance document for PM JAY package

Rastelli Procedure

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 - III Congenital Heart Disease	Rastelli Procedure	New Package	SV003C	150,000 + Cost of implant	12 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 **Rastelli Procedure**, 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 Rastelli procedure is indicated in patients presenting with D-TGA, a large VSD, and pulmonary stenosis. During this procedure, the VSD is closed using a baffle. By doing so, oxygenated blood from the left ventricle is directed into the aorta. A conduit is then placed from the right ventricle to the pulmonary artery thus shunting deoxygenated blood into the pulmonary artery.

The Rastelli repair requires cardiopulmonary bypass and aortic cross-clamping. The ventricular septal defect is visualized through a right ventriculotomy. Obstructive right ventricular muscle is excised, and a large intra-ventricular baffle is sutured into place closing the ventricular septal defect and redirecting left ventricular outflow to the more anteriorly placed aortic valve. A valved homograft conduit is utilized to achieve right ventricular to pulmonary artery continuity. Transesophageal echocardiography is utilized to help assess adequacy of repair. Cardiopulmonary bypass time and aortic cross-clamp time required to complete repair is usually moderate to long.

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	Rastelli Procedure
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	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	Rastelli Procedure
i. Pre-auth processing Doctor (PPD)	
a. Clinical notes - detailed history, signs & symptoms, indication for procedure	Yes
b. Was the Echo/ Doppler report suggestive of D-TGA, a large VSD, and pulmonary stenosis?	Yes
ii. Claims processing Doctor (CPD)	
a. Are the indoor case papers submitted?	Yes

b. Are the detailed Procedure / Operative notes submitted?	Yes
c. Does the Post procedure still of ECHO show repair of the defect?	Yes
d. Is there a Detailed Discharge Summary mentioning date of follow-up 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:

1. Was the Echo/ Doppler report suggestive of D-TGA, a large VSD, and pulmonary stenosis?
Yes

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

References

1. Kouchoykos NT, Blackstone EH, Hanley FL, Kirklin JK. Kirklin/Barratt-Boyes Cardiac Surgery: Expert Consult-Online and Print (2-Volume Set). Elsevier Health Sciences; 2012 Oct 26.
2. Mavroudis C, Backer C. Pediatric cardiac surgery. Blackwell Publishing Ltd; 2013 Feb 28.