



## Guidance document for processing PM-JAY packages

### Surgery for Arterial Aneurysm-Renal Artery

Procedures covered: 1

Specialty: CTVS

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Peripheral Arterial Surgeries	Surgery for Arterial Aneurysm-Renal Artery	New Package	SV019X	70,000

**ALOS (In days):** 7 Days

#### Minimum qualification of the treating doctor:

**Essential:** MCh/ or equivalent (in Cardiothoracic Surgery, Vascular Surgery),

**Special empanelment criteria/linkage to empanelment module:** Tertiary Care Facilities

#### Disclaimer:

For monitoring and administering the claim management process of **Surgery for Arterial Aneurysm-Renal Artery** 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:**

A renal artery aneurysm (RAA) is defined as a dilated segment of renal artery that exceeds twice the diameter of a normal renal artery.

- Symptomatic RAAs can cause hypertension, pain, hematuria, and renal infarction.

- Asymptomatic RAAs may seem benign, but the potential for rupture and fistulization increases with size.
- Asymptomatic patients can be referred for elective repair, but if patients are symptomatic, further investigation with possible surgical intervention should be considered.

#### Indications for surgical intervention

- Rupture
- Symptomatic renal artery aneurysm - Hypertension (from associated renal artery stenosis, refractory to medical management), pain, renal ischemia or infarction secondary to embolization from the aneurysm sac
- Renal artery aneurysms in females who are pregnant or are contemplating pregnancy.
- Diameter greater than 2 cm
- Enlarging renal artery aneurysm
- Renal artery aneurysm associated with acute dissection.

#### Treatment

Surgical treatment of Renal Artery Aneurysms includes: Aneurysmectomy, Arteriorrhaphy with or without patch arteriography and Nephrectomy which is usually an unplanned event necessitated by complications such as aneurysm rupture or end-stage ischemic nephropathy.

### 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	Surgery for Arterial Aneurysm-Renal Artery
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with indication and admission notes.	Yes
b. Relevant investigations - Angiogram / CT Angiogram / MRI reports	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed indoor case papers (ICPs)	Yes
b. Detailed procedure/ operative notes	Yes
c. Is the barcode of the graft if used submitted? (optional)	Yes
d. Detailed discharge summary	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:**

- I. Were the patient's clinical notes and investigation reports-Angiogram / CT / MRI suggestive for the procedure? Yes

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

#### **References:**

1. Henke, P. K., Cardneau, J. D., Welling, T. H., 3rd, Upchurch, G. R., Jr, Wakefield, T. W., Jacobs, L. A., Proctor, S. B., Greenfield, L. J., & Stanley, J. C. (2001). Renal artery aneurysms: a 35-year clinical experience with 252 aneurysms in 168 patients. *Annals of surgery*, 234(4), 454–463. <https://doi.org/10.1097/00000658-200110000-00005>.
2. Titze, N., Ivanukoff, V., Fisher, T., Pearl, G., Grimsley, B., & Shutze, W. P. (2015). Surgical repair of renal artery aneurysms. *Proceedings (Baylor University. Medical Center)*, 28(4), 499–501. <https://doi.org/10.1080/08998280.2015.11929322>.