



Guidance Document for processing PM-JAY packages

Aneurysm Clipping including angiogram

Procedure count: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS
Aneurysm Clipping including angiogram	Aneurysm Clipping including angiogram	S800060	SN023A	50,000 + cost of implant	7 days

Minimum qualification of the treating doctor:

Essential: Mch/DNB/Equivalent (Neurosurgery)

Special empanelment criteria/linkage to empanelment module: Care at a Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Aneurysm Clipping including angiogram**, 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:

Intracranial aneurysms (IAs) are localized dilations of the cerebral arteries wall and are prone to rupture, resulting in bleeding. It is the leading cause of hemorrhagic stroke, responsible for 85% of subarachnoid hemorrhages (SAH).

Diagnosis

Either brain magnetic resonance angiography (MRA) or CT angiography (CTA) may be used for diagnosis, with both detecting aneurysms of 3 mm in diameter or greater with a high degree of sensitivity.



Management

Conventional treatment options for IAs are either surgical or endovascular.

Surgical clipping refers to the practice of the exposure of the aneurysmal neck via craniotomy and the exclusion of the entire abnormal vascular wall from the circulation using single or multiple clips. Two principles apply in surgical clipping: isolating the lesion from active circulation and maintaining the integrity and patency of the parenting vessel.

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	Aneurysm Clipping including angiogram
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indication of implant, and planned line of management	Yes
b. CTA/ MRA/ DSA (Digital Subtraction Angiography) report of brain establishing need for surgery	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post Procedure clinical photograph/scar photo	Optional
c. Detailed Procedure/ Operation notes	Yes
d. Invoice/barcode of clips used	Yes
e. 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:**

2.2.1 **At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**



- a. Clinical notes - detailed history, signs & symptoms, planned line of management, indication for procedure, and advice for admission?
- b. Was CTA/MRA/DSA brain report of patient submitted?

2.2.2 At the time of claim processing- For claims processing doctor (CPD):

- a. Are the detailed Indoor Case Papers (ICPs) with daily vitals and treatment details?
- b. Are the detailed procedure / Operative Notes available?
- c. Post-operative photographs submitted (optional)?
- d. Was the invoice/barcode of clips used submitted?
- e. Is the Discharge summary with follow-up advice at the time of discharge?

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:

- I. Was CTA/ MRA/DSA brain report of patient suggestive of intracranial aneurysm? Yes

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

References

1. Zhao J, Lin H, Summers R, Yang M, Cousins BG, Tsui J. Current Treatment Strategies for Intracranial Aneurysms: An Overview. *Angiology*. 2018;69(1):17-30.