



# Aarogyasri Health Care Trust

Government of Andhra Pradesh

Dr. Y.S.R. Bhavan, Opp: Dr. B. R. Ambedkar Open University  
Road No.46, Jubilee Hills, Hyderabad-500 033



**Babu. A, IAS**  
Chief Executive Officer

To  
The CEOs/MDs/CMDs of Network Hospitals.

**AST/ AS- II / 345 / F8 / 2009-10, Dated:07-01-2010**

Sir,

**Sub:-** Aarogyasri Health Care Trust – Rajiv Aarogyasri – Certain additional guidelines for ENT surgeries – Issued – Reg.

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Aarogyasri Health Care Trust on review of the procedures under ENT, it is felt that certain guidelines are required to be issued for strengthening the Pre-authorization process for the ENT Surgeries in the best interest of the Aarogyasri patients. Accordingly, a meeting of the Senior Specialists of ENT was convened on 30.09.2009 in the Conference Hall of the Trust. Based on the elaborate deliberations held in the meeting, the following guidelines are issued.

## **GUIDELINES FOR ENT SURGERIES**

### **1. TYMPANOPLASTY**

1. The ideal age for Tympanoplasty is between 15yrs and 60yrs.
2. In Tympanoplasty Surgery the Operation notes should mention about the Ossicular Status (and its mobility per operatively) and the Ossicular reconstruction is to be planned and performed if necessary if Hearing Costs is morethan 50db preoperatively. Unless it is done for the required Cases the Claim will not be approved.
3. For Tympanoplasty the Post OP PTA has to be done 3weeks after Surgery with Post OP Otoendoscopy photos showing the graft in place and Claim has to be submitted 3 weeks after surgery not before.
4. If any Surgeon wants to do Tympanoplasty in Children below 15 years, the counseling form should be filled and signed by the Parents of the child and by the Surgeon. (Annexure-I )
5. A declaration in the prescribed proforma should be furnished by the Treating Surgeon for performing Tympanoplasty surgery in the children below 15 years of age. (Annexure-II )
6. In case of failure of Tympanoplasty the Surgeon has to redo it free of cost. The Aarogyasri Trust will not sanction money for such failures in less than 3 months after surgery.

## **2. MASTOIDECTOMY:**

CT. Scan of temporal bones is not required for Mastoidectomy.

## **3. STAPEDECTOMY + VEIN GRAFT:**

CT. Scan of temporal bones is not required for Stapes Surgery.

## **4. ENDOSCOPIC DCR SURGERY (S2.3.7):**

For Diagnosis of Chronic Dacryocystitis for Endo DCR Surgery, a certificate from the Ophthalmologist is a must.

## **5. MICROLARYNGEAL SURGERY:**

In case of surgery for multiple juvenile Papillomatosis, the 2<sup>nd</sup> and 3<sup>rd</sup> time for recurrence is approved with a gap of 6 months and the Pre-Op-Photos (VLS), In Per OP (MLS) & Post OP Photos of VLS to be uploaded every time it is submitted for surgery for recurrence of disease.

## **6. BEHIND EAR ANALOGUE HEARING AID (S16.3.1):**

For Deafmutism children with sensory Hearing Loss before 12 years of age the BHE Hearing Aid is to be prescribed before sending children for cochlear Implant Surgery and Rs. 10,000/- is approved.

Whenever the Surgeries under ENT are planned the following evidence shall be uploaded for approval.

- i) Counseling Form for Tympanoplasty in children less than 15 years of age duly signed by the Treating Doctor and Parents of the patient.
- ii) The Consent Letter duly signed by the Parents of the patient and Treating Doctor
- iii) Declaration by the Surgeon for performing Tympanoplasty surgery in the children below 15 years of age.

All the Network Hospitals are requested to note these guidelines in selecting the cases to avoid the rejections and inconvenience to the patients. These guidelines will come into effect from 15-01-2010.

For Aarogyasri Health Care Trust

  
Chief Executive Officer

Copy to: The Principal Secretary to Govt. HM & FW Dept. A.P. Secretariat, Hyd  
The Principal Secretary to CM, A.P. Secretariat, Hyd  
The Executive Vice Chairman, Aarogyasri Health Care Trust.

Annexure I

## రాజీవ్ ఆరోగ్యశ్రీ ఆరోగ్య భీమా పథకం

### శస్త్ర చికిత్సకు అంగీకార పత్రం

చిన్న పిల్లలలో (15 సం॥ లోపు) చెవిలో చీము మరియు వినికీడి లోపం సరిదిద్దే శస్త్ర చికిత్స (టింపనోప్లాస్టి) అవగాహన మరియు అంగీకారపత్రము.

అయ్యా,

నేను / మేము : ----- (తల్లిదండ్రులు లేక బంధువులు) :-----

----- పేరు గల రోగికి సంబంధించి తెలియ జేయుట ఏమనగా.

1. మా యొక్క కొడుకు / కూతురికి-----సం॥ల / వారముల నుండి చెవిలో చీము కారుచున్నది మరియు వినికీడి లోపము కూడా ఉన్నది. ఇందు నిమిత్తము ----- ల నుండి డా॥ ----- దగ్గర మందులు వాడాము. ఇప్పుడు చీము కారడం లేదు కాని వినికీడి లోపములో ఏ మాత్రము ఫలితము లేదు.
2. ఈ చిన్న వయస్సులో పైన తెలిపిన శస్త్ర చికిత్స చేసినచో ----- శాతము ఫలితము ఉండునని డా॥----- గారు మాకు వివరించినారు, మరియు శస్త్ర చికిత్స చేయనిచో కలిగే నష్టము మరియు చేసినచో కలిగే లాభం గురించి చెప్పినారు.
3. పైన తెలిపిన శస్త్ర చికిత్స ఏ కారణంచే చేయవలసి వస్తున్నదో కూడా డాక్టరు గారు మాకు అర్థమయ్యే భాషలో వివరంగా చెప్పారు.
4. ఒక వేళ శస్త్ర చికిత్స వలన ఏ మాత్రమైనా రోగికి లాభం చేకూరనిచో డాక్టరుగారు మరల ఆ యొక్క శస్త్ర చికిత్సను ఉచితముగా చేయుటకు అంగీకరించినారు.

కనుక పైన తెలిపిన శస్త్ర చికిత్సను చేయుటకొరకు మేము యొక్క సంపూర్ణ సమ్మతిని తెలియ జేయుచున్నాము.

ఇట్లు

రోగి తల్లి పేరు:----- సంతకము / వేలిముద్ర  
తండ్రి / సంబంధీకుల:-----

శస్త్ర చికిత్స నిపుణుడి పేరు:-----

సంతకము:

ఆసుపత్రి ముద్ర:

ర్యామ్కొ సంతకము:

ఆసుపత్రి ముద్ర:

## ANNEXURE - II

### DECLARATION BY THE SURGEON FOR PERFORMING TYMPANOPLASTY SURGERY IN CHILDREN BELOW 15 YEARS OF AGE.

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I, Dr. \_\_\_\_\_ declare that Master/Miss \_\_\_\_\_ requires Tympanoplasty operation for Right/Left ear for \_\_\_\_\_ indication. I have explained to the patient's parents/relatives the need for the surgery and the success rate for the surgery. I have also explained to them the failure rate and I promise to perform the surgery at a later date free of cost if the surgery fails to improve the symptoms of the patient. I performed \_\_\_\_\_ No. of Tympanoplasties in children and the success rate is \_\_\_\_\_%, which is equal or less than that in the hands of the experts in the field.

I will upload the photos taken during the surgery indicating the steps of surgery. I will also upload post op PTA and post op oto-endoscopy photos showing the graft take up and improvement in the hearing after 03 weeks after surgery, during the claim submission.

Hospital Seal

Signature of the Surgeon with Stamp.