



# 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/ 127 / F8/2010-11, Dated: 21-10-2010**

Sir / Madam

Sub: Aarogyasri Health Care Trust – Rajiv Aarogyasri Health Insurance Scheme– Certain Guidelines issued for Ophthalmology Procedures – Reg.

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Aarogyasri Health Care Trust reviewed certain procedures under Ophthalmology in a meeting of concerned specialists on 26.6.2010 at Dr. Y.S.R. Bhavan, Jubilee Hills, Hyderabad. On examining the recommendations of specialists, Trust has decided to issue the following guidelines:

**I. Procedures to be covered under both Ophthalmology and Plastic surgery specialties:**

**(a) Ptosis:**

Code	System	Special investigation	Packages (Rs)	Post Operative Procedure/ Investigation	Remarks
S14.13	Ptosis	Clinical photograph, ICE Pack Test with Chin Elevation	25,000	Clinical photograph	Existing Code
S3.6.2	Ptosis	Clinical photograph, ICE Pack Test with Chin Elevation	25,000	Clinical photograph	Additional Code under Ophthalmology

**Guidelines on Ptosis:**

- Clinical photos with chin elevation is the mandatory pre operatively.
- Pre operative evaluation should include details of Ice Pack Test amount of Levator palpalbralis superioris action, presence or absence of Bells palsy.
- Surgical correction of Neurogenic Ptosis can be considered after a waiting period of 6 months.
- In case of bilateral ptosis correction the package for second eye will be approved @ 50% of the package amount.

- e) In case of under or over corrections occurring within one month after discharge, the re-do surgery should do be done free of cost by the same Network Hospital. Hence all the claims related to Ptosis shall be submitted only one month after discharge.
- f) The following documents shall be uploaded along with Preauthorization request.
- i. Counseling-cum-consent form duly signed by the treating doctor and parents of the patient as given in (Annexure-I)
  - ii. The declaration by the surgeon (Annexure-II).

**II. Procedures to be covered under both Ophthalmology and Neurosurgery Specialties:**

**(a) Optic Nerve Decompression:**

Code	System	Special Investigation	Packages (Rs)	Post Operative Procedure/ Investigation	Remarks
S.10.6.4	Decompression /Excision of Optic nerve lesions	MRI	65000	Clinical photograph	Existing Code
S3.4.5	Decompression /Excision of Optic nerve lesions	MRI	65000	Clinical photograph	Additional Code under Ophthalmology

**(b) Proptosis:**

Code	System	Special investigation	Packages	Post operative/ procedure investigation	Remarks
S.10.6.6	Proptosis	MRI/CT	60000	Clinical Photograph	Existing Code
S3.4.6	Proptosis	MRI/CT	60000	Clinical Photograph	Additional Code under Ophthalmology

**III. Rationalisation/Modifications in existing procedures:**

**(a) S3.3.2 -- Retina:**

Code	Existing Name	Rationalisation/Modification
<b>S3.3.2.1</b>	Scleral buckle for Retinal detachment	Scleral buckling procedure for retinal detachment.

**(b) S3.3.2.2. Photocoagulation for Diabetic Retinopathy:**

Code	Existing Name	Rationalisation/Modification
S3.3.2.2	Photocoagulation for Diabetic Retinopathy	Photocoagulation for Retinopathy

In general, maximum of 3 sittings per eye may be approved. In the presence of Maculopathy maximum of 4 sittings per eye may be approved.

**(c) S3.3.1.2 – Vitrectomy + Membrane Peeling + Endolaser + Silicon oil or Gas.**

Code	Existing Name	Rationalisation/Modification
S3.3.1.2	Vitrectomy + Membrane Peeling + Endolaser + Silicon oil or Gas	Vitrectomy + Membrane Peeling + Endolaser + Silicon oil or Gas + with or without belt buckling

Repeat procedures will be approved only after a gap of one month. For part procedures 50% of package amount will be approved.

**(d) S3.4.4 Enucleation with Orbital implant**

Code	Existing Name	Rationalisation/Modification
S3.4.4	Enucleation with Orbital implant	Enucleation / Evisceration with orbital implant

**IV. Other Guidelines:**

**(a) S3.3.1.6 - Monthly Intravitreal Anti-vegf for Macular Degeneration / Per Injection (Maximum – 6)**

This package will be considered for the cases which indicate Choroidal Neovascular Membrane only.

**(b) S3.5 - Squint Correction Surgery.**

In general the Squint Correction Surgery (S3.5) will be approved for patients up to the age of 30 years only. However the correction surgery for paralytic squint with adequate evidence may be permitted beyond 30 years of age on case-to-case basis

**(c) S3.6.1 - Lid reconstruction surgery:**

This procedure can be used for correction of defects created after removal of lid tumors, benign or carcinomatous and for Traumatic lid damage. Based on the extent of Tissue deficit, package will be approved as given below:

- i. Tissue Deficit more than  $1/3^{\text{rd}}$  - Full package amount will be approved.
- ii. Tissue Deficit less than  $1/3^{\text{rd}}$  - 50% of the package amount will be approved.

All the network hospitals are requested to follow these guidelines and note that these guidelines will come into force for all preauthorization's being submitted from 00.00 hrs of 01.11.2010.

For Aarogyasri Health Care Trust,

  
Chief Executive Officer

Copy to: 1) The Special Chief Secretary to Govt., H.M & F.W Dept., A.P Secretariat, Hyderabad.  
2) The Principal Secretary to C.M A.P Secretariat, Hyderabad.

Annexure – I

రాజీవ్ ఆరోగ్యశ్రీ భీమా పథకం.

కంటి చూపుకు సంబంధించి "టోసిస్" (రెప్ప క్రిందకు వాలి వుండే) వ్యాధి సంబంధిత శస్త్ర చికిత్స అవగాహన మరియు అంగీకార పత్రము.

నేను / మేము (మైనర్ అయినచో) \_\_\_\_\_ తల్లి తండ్రులు లేక బంధువులు \_\_\_\_\_ పేరుగల రోగికి సంబంధించి తెలియజేయుట ఏమనగా.

1. నాకు లేదా మా యొక్క \_\_\_\_\_ కు "టోసిస్" కు సంబంధించిన లోపం వలన ప్రకృతి సిద్ధంగా వున్నా చూపునకు అవరోధం అవుతున్నదని డాక్టర్ గారు వివరించారు.
2. పుట్టుకతో వచ్చిన కన్ జెనెటల్ టోసిస్ నకు రెండు కళ్ళ లోను శస్త్ర చికిత్స యొక్క అవసరం గురించి వివరించి యున్నారు. అరుదైన "మార్కెస్ గన్ టోసిస్ అనగా మాట్లాడినప్పుడు, తిను నప్పుడు వచ్చే టోసిస్ నందు రెండవ కంటిలో శస్త్ర చికిత్స యొక్క అవసరాన్ని వివరించి యున్నారు.
3. శస్త్ర చికిత్స అనంతరం కొన్ని సందర్భాలలో జీవితకాలం కంప్లీ చుక్కల మందులు "లూ బ్రికెట్స్" ను వాడవలసిన అవసరం వుంటుందని డాక్టర్ గారు మాకు వివరించారు.
4. అవసరం అయితే రెండవ కంటిలో శస్త్ర చికిత్స చేయవలసి వస్తుందని కూడ డాక్టర్ గారు మాకు వివరించారు.

కనుక పైన చెప్పిన శస్త్ర చికిత్సను చేయుట కొరకు మేము మా యొక్క సంపూర్ణ సమ్మతిని తెలియజేయుచున్నాము.

ఇట్లు

రోగి లేదా తల్లి / తండ్రి / తండ్రి సంబంధకులు పేరు \_\_\_\_\_

సంతకం / వేలిముద్ర \_\_\_\_\_

శస్త్ర చికిత్స నిపుణుడి పేరు \_\_\_\_\_

సంతకం \_\_\_\_\_

ఆసుపత్రి ముద్ర \_\_\_\_\_

ర్యామ్ కో సంతకం \_\_\_\_\_

ఆసుపత్రి ముద్ర \_\_\_\_\_

Annexure - II

DECLARATION BY THE SURGEON

1.) I Dr. \_\_\_\_\_ declare that  
Mr./Mrs./Master/Miss \_\_\_\_\_ has been  
examined thoroughly by me and requires PTIOSIS correction of  
RE/LE/BE. I have explained the need for the surgery and the need for  
lubricants after surgery to counter post-operative **lagophthalmos** to the  
patients/ attendants. I have explained in detail the possibility of need for  
redo surgery in the same eye in future if necessary. I will upload the pre-  
operative & post operative photos of the patient taken during the surgery  
indicating the steps of surgery. I also agree to undertake redo-surgery  
free of cost in case of over or under corrections occurring within one  
month of discharge.

Signature of the Surgeon with stamp.