



# 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  
All Network Hospitals

**AST/ 83 /F-31/2010-11, Dated: 21-04-2010**

Sub:- Aarogyasri Health Care Trust – Constitution of Expert Committee – Revised guidelines issued for taking up Hysterectomy and other Gynecological Procedures under Aarogyasri – Reg.

Ref:- Workshop of Gynecologists both from Government and Private Sector on 28-01-2010.

\* \* \* \* \*

Trust conducted a workshop of Gynecologists both from Government and the Private sector on 28.01.2010. Based on the suggestions of the experts in the meeting and the recommendations of the expert committee constituted thereafter the following revised guidelines are being issued for taking up Hysterectomy and other Gynecological Procedures under Aarogyasri.

**A. Women Below 35 years: Preauthorization for HYSTERECTOMIES will be given only if she is suffering from:**

1. CIN III (Colposcopic picture and Histopathological Examination report are mandatory).

**B. Women in the age group of 35–40 Years: Preauthorization for HYSTERECTOMIES will be given only if she is suffering from:**

1. Cervical Intraepithelial Neoplasia (CIN III).
2. Symptomatic fibroid uterus: Objective evidence of Anemia or pressure symptoms.
3. Pelvic organ Prolapse III degree & Procidentia.

**C. Women in the age group of 40–45 Years: Preauthorization for HYSTERECTOMIES will be given only if she is suffering from:**

1. Cervical Intraepithelial Neoplasia (CIN III).
2. Symptomatic fibroid uterus: Objective evidence of Anemia or pressure symptoms.
3. Pelvic organ Prolapse III degree & Procidentia.
4. Abnormal Uterine Bleeding:
  - Women with history and evidence of 6 months of conservative treatment in any Hospital (Please section E for details). D&C is mandatory with Histopathology report of complex hyperplasia with or without atypia.

**D. Women more than 45 Years of age Preauthorization for HYSTERECTOMIES will be given only if she is suffering from:**

1. Cervical Intraepithelial Neoplasia (CIN III).
2. Symptomatic fibroid uterus: Objective evidence of Anemia or pressure symptoms
3. Pelvic organ Prolapse III degree & Procidentia.
4. Abnormal Uterine Bleeding:
  - Women with history and evidence of 6 months of conservative treatment in any Hospital. D&C is mandatory with Histopathology report of complex hyperplasia with or without atypia.
5. Post menopausal bleeding with endometrial hyperplasia with D&C report.
  - Complex hyperplasia or complex hyperplasia with atypia or USG evidence of endometrial Polyp (USG picture) with previous hysteroscopic polypectomy with histopathology report showing complex hyperplasia with or without atypia.

**E. Other Guidelines :**

- i. Uterus with transverse diameter/vertical diameter of **more than 120mm** will not be approved for Laparoscopic procedure.
- ii. Whenever the Post-operative HPE shows evidence of malignancy the patient shall be referred to the nearest Cancer Treatment Centre, with a referral letter. The RAMCO and Aarogyamithra of the Network Hospital should facilitate the referral of the patient to the Cancer Centre empanelled under Aarogyasri. The Aarogyamithra will co-ordinate with the Aarogyamithra of the Cancer Centre in this regard.
- iii. All cases should have a history of at least six (6) months of conservative management in any Hospitals. The evidence for the same has to be submitted as follows:
  1. For an Aarogyasri Network Hospital: The OP details captured in the Aarogyasri workflow along with case documents for six (6) months prior to sending preauthorization for the procedure will be verified.
  2. For Hospitals outside Aarogyasri network: Case sheet or other case documents to prove the patient has received conservative treatment prior to sending the preauthorization will be verified.
- iv. Video Recording (in WebEx format) of Pre-operative counseling of the patient with treating doctor, RAMCO and patients relative is mandatory for giving Pre-authorization. The attachment shall be made in the counseling documents/video attachments slot in the online workflow at the time of sending the case for preauthorization. The consent form shall be in local language (patient's mother tongue).
- v. Only qualified Obstetricians & Gynecologists trained in Laparoscopy shall perform LAVH. All the Obstetricians & Gynecologists in the scheme shall submit their



Laparoscopic experience attested by the endoscopic committee of FOGSI within 3 months of issue of these guidelines.

- vi. Only Hospitals having Laparoscopic equipment, bipolar cautery, carboflator, a generator with sufficient monitoring equipments & qualified anesthetist shall be empanelled into the scheme.
- vii. In all LAVH cases, follow-up of the patient on 10<sup>th</sup> and 21<sup>st</sup> day of discharge free of cost is mandatory and claim shall be preferred only after 21 days of discharge update with histopathology report. Further, any complications within 21 days should be treated free of cost.
- viii. If there is a deviation from the pre-authorization approved while conducting the surgery the same shall be informed to the Trust telephonically immediately and raise another pre-authorization request indicating the change of procedure and simultaneously cancelling the pre-auth which was earlier approved.
- ix. If the Post operative stay after LAVH is more than 5 days, the reasons have to be recorded in the case sheet failing which the claim of the hospital will not be considered.
- x. No additional surgeries on any other organ of GIT like gall bladder or appendix shall be performed simultaneously with Hysterectomy or vice versa as it is not medically acceptable.
- xi. For approval of Gynecological procedures, the Network Hospital should have functioning Obstetric unit also.
- xii. Lap. Cystectomy or Adnexectomy shall be treated alike for preauthorization.
- xiii. The pre-auth approval is given for only Hysterectomy. If Oophorectomy is decided in addition, justification has to be provided by the treating doctor and accept the responsibility for Oophorectomy along with histopathology report.

The network hospitals may note that the above guidelines will come in to force for all preauthorisations being submitted from 00:00 hrs of 26.04.2010. These guidelines supersede the guidelines issued on 13.05.2009.

For Aarogyasri Health Care Trust

  
Chief Executive Officer

Copy to: The Principal Secretary to CM, A.P. Secretariat  
The Principal Secretary to Govt. HM & FW Department, A.P. Secretariat.  
The PS to Hon'ble Minister for Aarogyasri, 108, 104 & MI, A.P. Secretariat.