

Aarogyasri Health Care Trust

Government of Andhra Pradesh

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Sulthan Bazar, Koti, Hyderabad 500 095.

To
CEOs/MDs/CMDs of network hospitals.

AST/ 107 / F25 /2009-10, dt. 22.06.2009

Sir,

Sub: Selection criteria of the cases for certain procedures under the genitourinary surgery procedures of the scheme - New guidelines for selection of the cases, strengthening the pre-auth and claim process- Intimation - Reg.

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Trust on review of the scheme found that certain genitourinary procedures such as URSL, PCNL, TURP and ESWL are being done preferentially over the other procedures in the system by the network hospitals. Further the varied subjective opinion between the treating doctor and pre-authorization specialist is leading to rejections and contradictions. In order to analyze this data, discuss how to avoid unethical procedures if any by the network hospitals and to streamline the selection criteria of the cases for the procedures under the genitourinary surgeries of the scheme, Trust decided to call for a meeting of senior urologists. Accordingly the meeting was held on 3.6.09 at 3:00 P.M in the Conference Hall of the Trust.

Further, based on the discussions, it was agreed that the following guidelines for selection of the cases, pre-authorization evidence and approvals and claim settlement shall be incorporated. On approval of the Trust the same are now being incorporated in the guidelines to assist the hospitals in proper selection of the cases.

1. URSL:

- A conservative trial is preferred before undertaking such procedure particularly if the stone size is small (< 6 mm).
- Pre-authorization may be considered for URSL even when less than 6 mm stone is present if either or all of the following evidence is provided.

S.No	Associated complication	Online evidence
1	Hydronephrosis	IVP
2	Hydronephrosis with internal echoes	IVP
3	Proof of sepsis	Pathological evidence

- CT Scan evidence to be provided (NCCT) in case of doubtful evidence.
- Uploading of endoscopic recording of the procedure in the webex format in all cases of URSL is mandatory.

2. PCNL:

- It was agreed that the PCNL procedure is preferably undertaken in case of
 - i) Multiple Renal stones
 - ii) Bigger stones
 - iii) Staghorn stones
 - iv) Stones in the lower calyces

And in general total clearance of stone (Residual stones of less than 4 mm) can be obtained in 80% of the cases. And additional procedure of ESWL for residual stones may be required in other cases. Hence, the following points to be incorporated.

1. The hospital/treating doctor shall spell out clearly the requirement of both the procedures of PCNL and ESWL in the first pre-auth treatment plan itself in the remarks column of pre-auth form whenever sandwich therapy is planned.

2. Subsequently pre-authorization shall be obtained for both the procedures on the said patient.
3. In all such cases 50% of the cost of the ESWL (second procedure) shall be approved as per the package rules since this forms as an additional procedure.
4. Post procedure x-ray KUB and / or USG (KUB) shall be submitted with clear evidence of clearance of the stone (the decrease in the size and percentage of clearance shall be noted in the report)
5. A deduction in the claim shall be made for the incomplete PCNL procedure as ascertained by the residual stone in x-ray/USG if the subsequent ESWL pre-authorization is not obtained simultaneously.
6. Similar procedure shall be adopted in case of repeat procedure.

3. **ESWL:**

1. A minimum of 80% reduction shall be obtained to be eligible for the claim.
2. 100% clearance shall be obtained for claim to be settled in full.
3. The evidence for clearance shall be through x-ray KUB and /or USG (KUB).
4. The claim may be substantiated with CT in cases of doubt.
5. A deduction shall be made in claim amount in case of residual stone.
6. Repeat ESWL in case of residual stone shall be approved at the 50% cost since it is a second procedure for the same stone.
7. All the repeat episodes happening within 6 months from the date of earlier procedure in patients who have undergone these procedures shall be considered as residual stones and a deduction shall be made in the pre-auth amount accordingly for these subsequent pre-auth approvals.

4. **TURP:**

Following further evidence of all or either shall be insisted in cases of inconclusive evidence of enlarged prostate for TURP procedures in addition to the size of the prostate and post void urine.

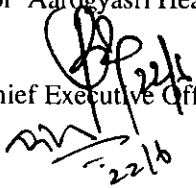
S.No	Associated condition	Online Evidence
1	Acute retention	Catheter in place
2	Bladder stone	KUB/USG/IVP/CT
3	UTI	Pathological evidence
4	Bladder wall thickening	USG
5	Failed medical treatment	Previous history
6	Clinical evaluation	IPS score

- Uroflowmetry evidence with duly labeled graph shall be submitted to substantiate diagnosis in cases of doubtful indication with peak flow of less than 10 ml.

All the network hospitals are requested to note these changes in guidelines in selecting cases to avoid rejections and inconvenience to the patients. The said guidelines will come into effect from 25.6.2009.

For Aarogyasri Health Care Trust

Chief Executive Officer


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