

Aarogyasri Health Care Trust (A GoAP Trust)

CIRCULAR

No.AHCT/PC/2/SUB-3/2012/49, Dt.01.02.2013

Sub: AHCT – Revised guidelines on claims settlement and other issues – Issued –
Reg.

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It is decided by the Trust to issue the following revised guidelines in order to streamline the claims settlement process, reimbursement of investigation costs, supply of blood, clarity on AV fistula package, conversion of cash patients etc.

Guidelines on claims settlement

1 Disallowances

1.1 Disallowances based on length of stay (LOS)

1.1.1 Surgical cases

- There is no indicated stay for surgical case. However, hospitals are advised to keep the patient admitted till 3rd post-op day in case of laparoscopic surgeries, and 7th post-op day in case of open surgeries. A claim will not be decided based on the length of stay. No disallowances will be made on the basis of LOS.

1.1.2 Medical cases

- Indicative stays are given in the manual for each therapy. Hospitals shall treat the patient till he / she is fit for discharge irrespective of length of stay. They can discharge the patient early if they are recovered. Enhancements are allowed only in extremely rare cases of prolonged stay. In order to facilitate timely discharge of patients who recovered before indicative stay, the following claim guidelines will be followed:
 - i. In case of LOS beyond 50%, 100% package amount will be paid.
 - ii. In case of LOS less than 50%, 75% of package amount will be paid.
 - iii. In case of few days / hours of stay, claim settlement will be based on per day cost of service centre. The rates are as follows.
 - a. General ward : Rs.500/- per day.
 - b. ICU without ventilator : Rs.2000/- per day.
 - c. ICU with ventilator : Rs.4000/- per day.

1.2 Disallowances on account of death

1.2.1 Surgical cases

- i. In case of death within 24 hours of surgery (1st post-op day), 75% of package amount will be paid.
- ii. In case of death after 1st post-op day, 100% claim will be paid.
- iii. In case of death during pre-operative period, no claim will be paid.

1.2.2 Medical cases

In case of death within few days / hours, claim settlement will be based on per day cost of service centre. The rates will be as given at 1.1.2 (iii).

1.3 Disallowances on account of failed procedure / incomplete treatment

1.3.1 Surgical cases

The claims for failed surgeries / procedures such as partial removal of the tumour, non-operable tumours found after laparotomy, incomplete clearance of renal stones after ESWL, inability to place the stent in Angioplasty will be cleared in the following manner.

- **General surgery and Surgical oncology**

S.No	Failed procedure	Claim to be paid
1	Incomplete removal of the tumour	50% of the claim
2	Inoperable tumour / only laparotomy done	Rs. 10,000

- **CT Surgery**

1. In case of failed Angioplasty (No stent), claim of Rs.10,000/- will be paid.

- **Urology**

1. In case of incomplete clearance of stone in PCNL as ascertained by the residual stone of more than 6 mm in x-ray, Rs.10,000/- in the claim will be deducted.
2. A minimum of 80% reduction shall be obtained to be eligible for the claim.

- **Orthopaedic procedures**

- 1) Surgical Correction of Long bone fracture (ORIF)

The package under ORIF is for coverage of surgical correction using Nails, Plates, Screws etc., of standard make. However if any of the surgical correction is done using K-Wire or Screws / Square nail / Rush nail, the package amount shall be reduced to Rs.5000/10000 respectively except in case

of following conditions as all these procedures are technically demanding and require C-arm assistance.

- i. Cannulated Cancellous Screws (CCS) for Intra Capsular Fracture neck of femur
- ii. Femoral Condylar Fracture
- iii. Tibial Condylar Fracture
- iv. Proximal Humerus Fracture
- v. Distal Humerus Fracture
- vi. Distal Radius Fracture
- vii. Medial Malleolus Fracture correction with screw fixation / Tension band wiring.

- viii. Isolated Lateral Malleolus Fracture with subluxation / dislocation of ankle
- ix. Fracture Olecranon correction with Screw fixation / Tension Band wiring.

In all the above cases the pre-authorization will be given for full package amount of Rs. 22,000/- . However, the claim will be settled based on the procedure done and the type of implant used.

- 2) The following procedures to be approved under ORIF with a package amount of Rs.15,000 /-.
 - i. Girdlestone excision Arthroplasty
 - ii. Radial head excision

- 3) Combined procedures
 - i. ORIF + Bone grafting: These two combined procedures to be approved in following conditions.
 - a. All long bone fractures with significant comminution.
 - b. Non union of long bone fractures.

 - ii. Combined Internal and External fixation (Hybrid fixation) to be approved for
 - a. Grossly comminuted long bone fractures.
 - b. Minimum gap of 3 weeks shall be observed between both the procedures.

 - iii. Open reduction of dislocations with fractures: All these cases the approval will be for two procedures of open reduction of dislocation @ Rs.30,000/- + Rs.10,000/- for associated fracture.

1.3.2 Medical cases

Haemodialysis – Pre-authorization will be given for 10 cycles of haemodialysis under the package. All the Network Hospitals have to give free of cost Erythropoietin during the 10 cycle preauthorisation whose period will range from 20 days to 30 days.

Radiation -

With regards to radiation packages, the following points were agreed.

- i) The treating doctor will calculate the dosage as per the standard norms. He will submit details of the total dosage and number of fractions to be administered in the treatment plan. This will be submitted along with pre-authorization.
- ii) The claim will be settled based on the number of fractions administered as per the proposed plan.

2 Reimbursement of investigation costs

The existing guidelines shall be followed. No claim deduction will be made on account of investigations listed in the guidelines not being done as the cost of investigations is not specified in the package. However, the claim will be released only after reimbursement of the bills by the network hospitals as per existing guidelines wherever such incidents are flagged and brought to the notice of the Trust.

3 Blood

The following guidelines to be followed for the treatment of beneficiary under the scheme while procuring and giving compatible blood under the package.

- i. Procure and provide compatible blood even from outside recognised blood banks in case of blood transfusion per se is the treatment for disease under the package.
- ii. Provide compatible blood subject to availability for life saving and emergency cases from the own blood bank.
- iii. Encourage replacement donors
- iv. Provide compatible blood subject to availability for supportive therapy cases from the own blood bank.
- v. Screening charge for any number of units will be the part of the package price.

4 Clarity on AV Fistula package

AV Fistula package is listed among therapies with two codes.

S.No.	Category	Procedure code	Therapy name	Package (Rs.)
1	Genitourinary surgery	S9.1.1	AV Fistula (Pre-transplant only)	10,000
2	Cardiac and Cardio thoracic surgeries	S7.11.13	AV Fistula at wrist	10,000

3	Cardiac and Cardio thoracic surgeries	S7.11.14	AV Fistula at elbow	20,000
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It is to be noted that the AV Fistula at fore arm was priced at RS.20,000/- as conduit needs to be used in these surgeries. However, many hospitals are doing fistula surgery at fore arm without conduit, hence the package amount is being paid at Rs.10,000/- only. To make it clear, the present package for both the codes is redefined as follows.

S.No.	Category	Procedure code	Therapy name	Suggested change	Package (Rs.)
1	Genitourinary surgery	S9.1.1	AV Fistula (Pre-transplant only)	To be disabled	10,000
2	Cardiac and Cardio thoracic surgeries	S7.11.13	AV Fistula at wrist	AV Fistula without conduit	10,000
3	Cardiac and Cardio thoracic surgeries	S7.11.14	AV Fistula at elbow	AV Fistula with conduit	20,000

5 Patients admitted as cash patients producing white ration card after investigations and initial treatment

5.1 Emergency admission

- Enquire with the patient whether he holds white ration card and ascertain if the procedure is covered under Aarogyasri.
- Ensure registration of the patient as Aarogyasri case by informing NAM if he holds white ration card.
- Obtain telephonic pre-authorisation.
- Ensure proper evidence is collected for regular pre-authorisation.
- Ensure treatment within 24 hours.
- Upload regular pre-authorisation within 72 hours.
- Conversion of initial cash patient to Aarogyasri patient is mandatory if request has come within 48 hours with eligibility proof.
- Refund the entire money collected before conversion.

5.2 Elective admission

Register with Aarogyasri counter with proper eligibility document.

5.3 Conversion of cases due to progression of the disease

The therapy at the time of admission may not be covered under the scheme but subsequently becomes eligible on account of progression of the disease. In all such cases, the case must be converted into Aarogyasri case and money collected during the initial treatment shall be refunded.

5.4 Aarogyasri beneficiary requesting to undergo treatment as non-Aarogyasri case (Cash patient)

Network Hospitals has to ascertain from all the patients whether they have white ration card or not. It is clarified that **any patient with white ration card shall be evaluated and treated cashlessly for any Rajiv Aarogyasri Therapy in the Network Hospital. No white card holder can be converted into a cash patient for Aarogyasri Therapies.**

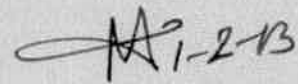
6 Evidences for pre-authorisation and claim settlement

In order to streamline pre-authorisation and claim settlement evidences, the following evidences are prescribed.

S.No	Evidence	Requirement	Reason
1	On bed photo	Mandatory	To ensure the patient is admitted
2	Video recording of procedure	Mandatory in all endoscopic procedures	To ensure procedure is performed as per the claim
3	Intra-op photo i) One photograph of the patient with face while on the operation table. ii) 2 photographs showing the critical steps of the procedure. iii) One photograph of the suture line at the end of the procedure.	<ul style="list-style-type: none">• Mandatory• Surgeries under CT surgery, surgical oncology, neuro-surgery are exempt from during the procedure photos at (ii)• Procedures involving private parts are exempt from photos at (ii) and (iii)	To ensure procedure is performed as per the claim.
4	Scar photo	Mandatory only for cases where intra-op photos are exempted.	In case intra-op photos are available, scar photo will not be required.
5	Discharge photo	Mandatory	to ensure complete recovery of the patient
6	Clinical photo	Not mandatory	Part of intra-op photos
7	Case sheet	Mandatory	Required for proper

			evaluation and audit
8	Investigations	Mandatory	Required as they are vital for proof of standard diagnosis and treatment.
9	Webex	Mandatory	Required in all cases of investigations and Endoscopy procedures.

All the network hospitals, field staff and Trust officials are requested to follow the above guidelines with immediate effect while dealing with the issues.



Chief Executive Officer

To

The General Secretary, ASHA

The President, APNA

All the MDs/CMDs/CEOs of Network Hospitals

Copy to:

All the HoDs of Trust.

GM (PMU) with a request to upload in the website.

GM (FO) with a request to circulate among the field staff.

P.S. to CEO, AHCT

