Aarogyasri Health Care Trust

AHCT/F109 (Medical Audit)/2014, Dt 27.1.2014


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1. It is mandatory to submit digital KUB film and report with clear marking of site of calculi, the name of the patient, age, sex, Hospital, date and time and also the right and left side to be mentioned.

2. USG film and report with size and site of the stone.

3. IVP/Plain film and report with size and site of the stone.

4. In cases of doubtful evidence/ no clarity in submitted KUB/IVP/Plain film it is mandatory to submit NCCT films and reports for evidence of calculi at the time of pre-authorization.

5. It is mandatory to submit the endoscopic procedure (URSL,PCNL) recording in the WebEx format with the patients face clearly shown and continuity of the procedure without any break in one slot and main steps of the procedure for claims to be settled.

6. Indications for PCNL
   a) Multiple renal stones
   b) Large stones
   c) Stag horn stones
   d) Stones in lower calyces

7. The optimal size of the calculi and therapy preferred to be approved under Aarogyasri scheme regarding the following:
   a. Renal Stones:
      i. Kidney stone > 1.5 cm needs PCNL
      ii. Kidney stone < 1.5 cm needs ESWL
      iii. Kidney stone- Stag horn stone need ESWL+PCNL-Sandwich Therapy.
   b. Ureteric Stones:
      i. Upper ureteric stone > 1.5 cm, in males, females need push back and PCNL.
      ii. Upper ureteric stone <1.5 cm need push back and ESWL.
      iii. Upper ureteric stones in females, as the situation demand, can be treated by URSL.
      iv. Mid ureteric stones can be treated by URSL.
      v. Lower ureteric stones can be treated by URSL.
   c. Bladder Stones:
      i. Large stones may need Cystolithotripsy.
      ii. Small stones to be treated by Cystolithotripsy.
      iii. Stones in the urethra can be pushed and treated by Cystolithotripsy.

8. The minimum size of the ureteric calculi to be treated by URSL under Aarogyasri scheme should be 6mm. for the stone < 6 mm. conservative trail of management is preferred before undertaking URSL.

9. Pre-authorization may be considered for URSL even when stone is less than 6 mm if either or all of the following complications with evidences is provided.
   a) Hydronephrosis/Hydronephrosis with internal echos - IVP to be submitted for evidence
   b) Proof of sepsis- clinical records and laboratory investigations biochemical and Pathological (urine c/s reports) evidence to be submitted.
10. For TURP to be approved under Aarogyasri Scheme in cases of inconclusive evidence of enlarged prostate the following evidences for enlarged prostate to be submitted in addition to the size of the prostate and post void urine.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Associated condition</th>
<th>Online Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute retention of urine</td>
<td>Catheter in place</td>
</tr>
<tr>
<td>2</td>
<td>Bladder stone</td>
<td>KUB/USG/IVP/CT</td>
</tr>
<tr>
<td>3</td>
<td>UTI</td>
<td>Pathological evidence</td>
</tr>
<tr>
<td>4</td>
<td>Bladder wall thickening</td>
<td>USG</td>
</tr>
<tr>
<td>5</td>
<td>Failed medical treatment</td>
<td>Previous history clinical records</td>
</tr>
<tr>
<td>6</td>
<td>Clinical evaluation</td>
<td>IPS score</td>
</tr>
</tbody>
</table>

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

11. In circumstances when difficulty is encountered in doing the primary procedure in upper and sometimes mid ureteric calculi posted for URSR, the stone may migrate upwards and in such circumstances PCNL/ESWL had to be carried out for stone clearance, claims may be settled for the procedure done

12. The flexibility of option of the surgical procedure will be given to the treating doctor. The procedures URSR & PCNL/ESWL can be done as per the situation demands in view of the safety of the patient and for complete clearance of stone. Claims may be settled provided the stone clearance is done and evidence is submitted. Prior approval for change of procedure by telephonic intimation is not mandatory, for example

   a) Pre auth applied and approved for PCNL but stone cleared by URSR, vice versa
   b) Pre auth applied and approved for Cystolithotripsy but open procedure done due to larger stone and could not be broken by the lithotripsy.

13. The following guide lines to be followed regarding clearance of stones at the time of submission of claims.

  **With PCNL for renal stones**

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

   a) 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 remark column of pre-auth form whenever sandwich therapy is planned.

   b) Subsequently pre-authorization shall be obtained for both the procedures on the said patient.

   c) In all such cases 50% of the cost of the ESWL (second procedure) shall be approved as per the package rules since this form as an additional procedure.

  II. Post procedure digital 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)

  III. A deduction in the claim shall be made for the incomplete PCNL procedure as ascertained in the residual stone in x-ray/USG if the subsequent ESWL pre-authorization is not obtained simultaneously.

  IV. Similar procedure shall be adopted in case of repeat procedure.
ESWL:
   I. A minimum of 80% reduction shall be obtained to be eligible for the claim. 100% clearance shall be obtained for claim to be settled in full.
   II. The evidence for clearance shall be through digital x-ray KUB and/or USG (KUB). The claim may be substantiated with NCCT in cases of doubt.
   III. A deduction shall be made in claim amount in case of residual stone.
   IV. Repeat ESWL in case of residual stone shall be approved at the 50% cost since it is a second procedure for the same stone.

   ❖ 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.

Hence, all the Network Hospitals are hereby informed to follow the above guidelines pertaining to genitourinary Surgery Procedures with immediate effect while dealing with the issues.

(This has got the approval of CEO, AHCT)

Chief Medical Auditor

To

All the Network Hospitals

Copy to:

The EO (Operations) for favour of in formation.
The GM (PMU) with a request to place in the portal of AHCT.
PS to CEO for information