

GOVERNMENT OF TAMIL NADU
TAMIL NADU HEALTH SYSTEMS PROJECT

From

M.S.Shanmugam, I.A.S.,
Project Director,
Tamil Nadu Health Systems Project,
DMS Annex Building,
Teynampet, Chennai - 600 006.

To

7/11/2014
The Project Manager (CMCHIS),
United India Insurance Company,
Om Sakthi Towers,
226, Kilpauk Garden Road,
Kilpauk, Chennai - 10.

Ref.No.3729/TNHSP/Ins./2012, Date: 29.10.2014.

Sir,

Sub: Tamil Nadu Health System Project - Chief Minister's
Comprehensive Health Insurance Scheme - Discussion on
minimal documentation of certain procedures - meeting
Recommendations - Communicated.

Ref: 1. UIIC letter dated: 20.08.2014

2. Recommendation of committee dated: 16& 17.09.2014.

You are requested to implement the recommendations of reference
second cited only in DME institutions including Medical colleges, 7 days after
notification to them. For other Government empanelled institutions the current
status may be continued.

S. B. S.
06/11/14.
For Project Director.

Copy to:

1. The Director of Medical Services
2. The Nodal Officers, all empanelled DME Institutions

Modified list ①

For PVT & GH

| s.no | Package Name | Protocol for Pre auth | Current Pre auth documentation being submitted by GH | Suggested Pre-auth requirements | Protocol for Claims | Current Claim documentation on being submitted by GH | Suggested Claims requirements |
|------|--|--|--|---|---|--|---|
| 1 | TN0871: Appendicular perforation | Usg(m) abdomen, cbc(m), rft, grouping(o) and typing <i>For PVT & GH</i> | Pre auth form (m) | x-ray abdomen(erect posture) <i>For GH</i> | Post op photo and discharge summary | Discharge summary | CP with scar, HPE report. <i>For GH</i> |
| 2 | TN0974: Lap. Cholecystectomy | Usg abdomen,cbc,rft,grouping and typing | Pre auth form with USG report findings | Usg abdomen, LFT | Post op photo and discharge summary | Discharge summary | Scar photo, HPE of the specimen |
| 3 | TN0870: Lap. Appendicectomy | Usg abdomen,cbc,rft,grouping and typing | Pre auth form | USG | Post op photo and discharge summary | Discharge summary | CP with scar, HPE report(except in emergency) |
| 4 | TN0641: Acute severe asthma with acute respiratory failure | CXR / ABG/ previous relevant medical history ABGA not needed Clinical photo not at this stage. | Per auth form. CXR | X ray chest, PEFR(optional) Peak expiratory flow rate <i>if available</i> | General work up SPO2,CXR,Antibiotic and supportive med ECHO not required SPO2 instead of ABGA | Discharge summary | Nebulisation details, (CP) clinical photo of the patient |
| 5 | TN0642: Copd Respiratory failure (Infective Exacerbation) | CXR/SPO2/PAST Relevant Medical History ,SPO2 instead of ABGA. | Pre auth form, X-ray chest | Chest xray, SPO2 instead of ABGA | Antibiotic and supportive med | Discharge summary | 1.x-ray chest, 2. To mention where her CPAP/BIPAP/ invasive ventilation. 3. photo in ICU, |

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| <p>TN0669: Massive hemotysis</p> | <p>Clinical photo, CXR, HRCT (to remove clinical photo)</p> | <p>Pra auth form, CXR</p> | <p>1. CT chest, 2. Detailed clinical history/examini on including bouts of haemoptysis with volume of blood approximately 3. severity do hemogram, Amount/volume of hemoptysis grading to be given</p> | <p>General worup/CXR, OR CT scan chest, blood transfusion/ fresh FROZEN PLASMA/IV FLUIDS, NEBULISA TION/OXYGENATI ON/ANTIBIOTICS/ COUGH SEDATIVES ECHO not required . Transfusion if done details to be provided. CT findings.</p> | <p>Discharge summary</p> | <p>4. ICU chart. 5. Sputum culture</p> |
| <p>TN0314-a :Fracture neck/Shaft Of Femur</p> | <p>FRACTURE NECK- FRACTURED PELVIS, AP VIEW FOR BOTH HIPS, FRACTURE SOF XRAY FEMUR-AP, LAT</p> | <p>Pre auth form, x ray without pt name/age/date</p> | <p>1. X ray showing name/age/ date of patient .</p> | <p>POST OP XRAY- AP, LAT</p> | <p>Discharge summary. Sometimes post op x ray without patient's details</p> | <p>1. Post op CP (Except emergency) , /- 2. Post -procedure x ray name/age/ date of patient . 3. clinical photo optional for any queries for clarification. 4. USFDA implants. 5. Discharge summary</p> |

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| 8 | <p>TN0314-b Fracture Shaft of Other Long Bones(Humerus, Both Bones of Forearm, Both Bones of Leg)</p> | <p>XRAY OF THE LONG BONE-AP,LAT</p> | <p>Pre auth form, X ray without pt name/age/ date</p> | <p>X ray showing name/age/date of the patient</p> | <p>POST OP XRAY- AP,LAT</p> | <p>Discharge summary. Sometimes post op x ray without patient's details</p> | <p>1.Post op CP (Except emergency), 2.Post procedure x ray name/age/ date of patient. 3.clinical photo optional for any queries for clarification. 4.USFDA inp.ants. 5.Discharge summary</p> |
| 9 | <p>TN0392 :Severe Bronchiolist/Severe Broncho Pneumonia/Severe aspiration Pneumonia(Non- Ventilated)</p> | <p>Optional ,CBC,CXR</p> | <p>Pre auth form ,without adequate investigation results/ reports</p> | <p>1.Chest Xray 2.CT chest (optional) 3.clinical photo (optional)</p> | <p>Supportive care, Antibiotics</p> | <p>Discharge summary. sometimes investigation results</p> | <p>1.Antibiotics 2.nebulisation details. 3.Repeat xray if initial xray is normal . (optional)</p> |
| 10 | <p>TN0388 : Term baby with severe perinatal Asphyxia-Non- Ventilated clinical sepsis with or without Hyberbilirubinemi</p> | <p>General work up+S.BILIRUBIN+Bloo d G& T+CRP+CXR</p> | <p>Per auth form,without adequate investigation results/reports</p> | <p>1APGAR – score (optional for referred child) 2.serum bilirubin,</p> | <p>Supportive care antibiotic</p> | <p>Discharge summary. sometimes investigation results</p> | <p>1. 1.CP in NICU (Optional) 2.Treatment details antibiotics name to be mentioned. Durgs name and number of days drugs were given , 3.Blood C&S,</p> |

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| a | <p>TN0387 :preterm Baby/hyaline membrane disease clinical/culture positive sepsis/hyperbilirubinemia mechanical ventilation</p> | <p>Clinical photo preterm baby CBC, CXR, ANTHROPO metric data</p> | <p>Pre auth form without adequate investigation results/reports</p> | <p>1.Chest xray , 2.CP with ventilator 3.Blood and/ other culture C&S</p> | <p>Supportive care surfactant is used Antibiotics if done, exchange transfusion SOS, mechanical ventilation</p> | <p>Discharge summary. sometimes investigation results</p> | <p>4. urien C&S, throat swab, (optional) 5. CRP 1.Surfactant usage (to show carton photo) of batch no antibiotics, and 2.clinical photo 3.transfusion if done (details). <i>transfusion</i></p> |
| 11 | <p>TN0386 :preterm/clinical sepsis hyperbilirubinemia (Non-ventilated)</p> | <p>Clinical photo ,preterm baby, CBC, CXR ANTHROPOMETRICAL DATA</p> | <p>Pre auth form without adequate investigation results/reports</p> | <p>1.CBC 2.chest xray 3.anthropometry 4.APGAR score for hospital delivery , 5.TPR chart CP, NICU (if possible)</p> | <p>General worup +S.Bilirubin+CRP Blood +/-Others cultures Coagulation study CSF study CXR</p> | <p>Discharge summary. sometimes investigation results</p> | <p>1.Serial(two bilirubin levels) 2.CRP(if available) 3.exchange transfusion and photo therapy-No.of days.treatment details with drug 4.CP, NICU(if possible) 5.drugs chart (name and number of days drugs were given) 6.coagulation study- optional 7.CSF(-optional) 1.HPE 2.Discharge summary</p> |
| 13 | <p>TN0637 : abdominal hysterectomy for benign conditions</p> | <p>USG+basic investigation echo if necessary</p> | <p>Pre auth form</p> | <p>1.USG 2.F&C(where ever applicable) 3.HPE report, 4.if less than 40</p> | <p>Vaginal hysterectomy ,AUB,FIBRIOD<AD ENOMYOSIS</p> | <p>Discharge summary</p> | <p>1.HPE 2.Discharge summary</p> |

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| 4 | <p>TN0159 : total abdominal hysterectomy(TAH)+Bilateral salpingo Ophorectomy(BSO)+Bilateral pelvic lymph node dissection (BHLND)+Omentectomy</p> | <p>Pre auth form sometimes HPE/FNAC Report</p> | <p>years two OG doctors Certificate. 1.Ct abdomen/pelvis, 2.biopsy report for cervix/uterine cancer</p> | <p>Discharge summary some times OT notes, HPE report</p> | <p>HPE report</p> | |
| 15 | <p>TN0385: term baby/culture positive sepsis /non-ventilated/hyperbilirubinemia</p> | <p>Pre auth form ,without adequate investigation results /reports</p> | <p>1.CP in NICU(Optional) 2.APGAR score(if delivered in same hospital) 3.serum Billirubin 4.blood C&S 5.urine,C&S(optional), 6.throat swab(optional) Stage of the disease (TNM),biopsy report</p> | <p>Discharge summary some times with investigation results</p> | <p>1.CP(Optional) 2.treatment details- antibiotics name to be mentioned.drugs name and number no of the days drugs where given 3.Discharge summary with details.</p> | |
| 16 | <p>TN0244 :Palliative chemotherapy</p> | <p>Pre auth form,mostly without TNM staging</p> | <p>Supportive care antibiotics</p> | <p>Discharge summary</p> | <p>1.CP (optional) 2.drug chart (mandatory)</p> | |
| 17 | <p>All oncology cases</p> | <p>Pre auth form</p> | <p>1.For all cases staging, disuse proof ,(biopsy/FNAC/cytology) 2.pervious treatment details (in institution alone) 3.Discharge summary.</p> | | | |

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| 18 | TN0571 : Mastoidectomy | CT-Temporal bone audiogram(x ray)both mastoids, others | Pre auth form | 1.CT temporal bone | Modified radical mastoidectomy/cortical mastoidectomy | Discharge summary | 1.CP with scar(optional) |
| 19 | TN0711:ischemic strokes | Clinical photo ct scan brain | Pre auth form some time with CT result | 1.CTscan | CT scan brain 2D ECHO, | Discharge summary | 1.CP 2.treatment details 3.either CT /MRI showing on fort or report showing onfort 4.Discharge summary with treatment details 5.2D ECHO (optional) 6.Physiotherapy (optional) |
| 20 | TN0407 : Dengue shock syndrome | Clinical photo,CBC ,CXR ,JgM ELISA,PLATELET,count | Pre auth form | 1.Dengue NS1 antigen assay/ ELISA/rapid kit, 2.platelets and hematocrit, 3.I/O chart 4.TPR chart | General work up+ Electrolysis serology for dengue, serial Platelet count and Hematocrit supportive care | Discharge summary | 1.Cpp 2.Transfusion Chart |

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| Package Name | Protocol for Pre auth | Current Pre auth documentation being submitted by GH | Suggested Pre-auth requirements | Protocol for Claims | Current Claim documentation being submitted by GH |
|--------------------|-----------------------|--|--|--|---|
| TN0806: URSL 21 | X-ray KUB/CT KUB | X-ray KUB/USG KUB post procedure <u>Plain CT</u> Abdomen / optional | X-ray-KUB and USG-KUB, if the stone is not identified. | No need of USG KUB or X-ray KUB for post operative clearance of stones | x-ray KUB or USG KUB optional |

8/5/2014
 how to fill
 X-ray
 KUB
 USG
 KUB

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