

ಯಶಸ್ವಿನಿ ಸಹಕಾರಿ ರೈತರ ಆರೋಗ್ಯ ರಕ್ಷಣಾ ಟ್ರಸ್ಟ್
YESHASVINI CO-OPERATIVE FARMERS' HEALTH CARE TRUST
Room No.607, 3rd Gate, 6th Floor, M.S. Building, Dr. Ambedkar Veedhi, Bangalore – 01
ಸಹಕಾರ ಇಲಾಖೆ, ಬಹುಮಹಡಿ ಕಟ್ಟಡ, ಬೆಂಗಳೂರು-01.

NO: CO/60/CLS/2011

Date: 13.03.2012

Circular

Sub: Revision of Tariff of surgical procedures under yeshasvini scheme – regarding.

Ref: 1) Tariff revision committee report.

2) Proceedings of yeshasvini Trust meeting held on 19-1-2012.

1. The yeshasvini cooperative health care Trust is pleased to revise the tariff for surgical procedures under yeshasvini scheme in its Trust meeting held on 19-1-2012 with effect from 1-4-2012.
2. This revision of Tariff which will come into effect from 1-4-2012 also applies to Suvarna Arogya Chaitanya Scheme, other instructions with regard to the implementation of Suvarna Arogya Chaitanya scheme remains the same. The hospitals are not entitled to handling charges for implants. The hospitals shall attach barcode sticker and pouches of the implants with the claims.
3. The earlier list of 1600 surgeries is withdrawn and replaced by a new list of 805 procedures in 13 specialties. **Appendix-A** to this circular is the new list.
4. The Net work Hospitals shall follow the new surgery codes for 13 specialties while seeking pre authorization and while sending claim bills, on no account the old surgery code shall be referred after 01.04.2012.
5. The new rates shall apply to the surgeries performed on or after 1-4-2012. The claims prior to 31-3-2012 will be settled at old rates only.
6. The yeshasvini Trust after careful examination of the Tariff review committee report, and a viable rate has been fixed for each surgical procedure so that

Network Hospitals will not incur loss by performing surgeries under the yeshasvini scheme. Therefore Network Hospitals are prohibited from collecting extra money from the beneficiaries. (However hospital can collect the extra charge from beneficiary for opting special ward, room charges only). **Any collections of extra money from beneficiaries, the Trust will delete the hospital from empanelment without any notice and assigning any reasons.**

7. The preoperative and post operative investigations prescribed in the list the **Appendix-A** is compulsory. The Network hospitals shall upload with other documents the reports of preoperative investigations while obtaining the preauthorization and shall send post operative investigation reports prescribed with claim bills. The TPA administrator shall ensure that network hospitals will send the pre operative and post operative investigation reports.
8. The oncology surgeries and gastroenterology surgeries are only permitted in 1) kidwai institute of oncology.2) all empanelled medical colleges and Government Medical colleges.3) Empanelled cancer institute's. Those empanelled hospitals who wishes undertake oncology and gastroenterology surgeries shall apply for special permission to the Trust showing the facilities and the availability of specialists.
9. For all laparoscopic procedures 1) the Network hospital will upload intra operative photographs depicting the face of the patient and the operative site along with specimen removed with date and time depicted in the print/image. 2) Hospitals shall upload intra operative video endoscopic recording of entire procedure starting from patient on OT Table till the end of the procedure clearly depicting organ involved in the surgery along with claims attachment. The video file shall be sent compulsorily.
10. Abdominal and Vaginal Hysterectomy shall be avoided in patients less than 40 years of age unless clearly indicated. The TPA administrator shall doubly ensure while approving pre authorizations to Abdominal and vaginal hysterectomies the clear indications for such surgeries. The TPA administrator shall bring the list of hysterectomy case which is performed in women less than 40 years with justification before subcommittee meetings every month.

11. Laparoscopic ovarian drilling which is an invasive procedure must be preceded by a) counseling b) medical management for 6-12 months c) hormonal assay.
12. The procedure may preferably be done for more than 25 years of age group unless clearly indicated.
13. In all cases of Hysterectomy Pap smear, endometrial Biopsy along with USG is mandatory.
14. Pre authorization/ claims for prolapsed/descent of uterus shall be supported by the preoperative and post operative USG respectively.
15. For laparoscopic ovarian Cystectomy the size of the cyst shall be more than 6mm and test CA 125 is mandatory.
16. Avoid uploading clinical photographs without properly covering the patient undergoing Laparoscopic procedure.
17. The biopsy report of the specimen is mandatory. (Uterus/cyst).
18. The photograph of mesh insertion intra operative is must.
19. All symptomatic ureteric stones measuring more than 6mm shall be taken up for lithotripsy procedures.
20. Radiological proof of USG/KUB/IVP/CT scan shall be provided with clear mapping of the size shall be provided in case of ureteric/renal / vesical calculi for approval of lithotripsy procedures.
21. The hospitals shall upload intra operative video endoscopic recording for all endoscopic procedures at the time of submission of claims.
22. All post operative photographs shall show the face and the operative scar in the same photograph.
23. The photograph clearly showing the face of the patient lying on procedure table shall be uploaded in all cases of lithotripsy procedures.
24. All cases of TURP, it is desirable to have minimum of 100 post void urine or flow of less than 10 uroflowmetry reading.

25. **Package Rates:** Package rates have been fixed for all the surgeries under the scheme. This includes all the charges like Admission Charges/registration charges, Bed Charges, Nursing Charges, Operation Theatre Charges, Procedure Charges, ICU/CCU Charges, Anesthesia Charges, Instrument Charges, Cost of Consumables and Medicines, Professional fees of the Surgeon and related routine investigations during the hospitalization. Please raise the bill as per the agreed tariff and you shall not collect any money towards above-mentioned items under any circumstances from the beneficiaries. In case the hospital bill exceeds the package amount the original hospital bill with details of amount collected from the beneficiaries is to be enclosed.
26. **Note:** On no account shall any amount be collected from the individual beneficiaries for covered treatment. The Network Hospitals/Nursing Homes shall provide necessary medicines, consumables and disposable sundries of standard quality and will not get them purchased through the Yeshasvini Beneficiaries.
27. Post hospitalization charges (after the discharge of the patient) are not covered under the scheme hence expenses towards Diagnostics and Medicines incurred by the individual Beneficiary after the discharge of the patient from the Hospital/Nursing Home shall not form a part of this package and all such expenses will have to be borne by the Beneficiary.
28. **Exclusions:** The package rates mentioned **are all exclusive of the implants and the prosthesis.** The Implants / Prosthesis used during the hospitalization shall have to be borne by the beneficiary at the time of discharge and hence the same should not be included in the claim submitted to MAITPL under Yeshasvini scheme. In case implant / prosthesis are used for the patient then you can raise the bill as per the format given. The bill shall be prepared as per the format and amount collected by the beneficiary shall be mentioned in the final bill to ensure that any amount over and above the implant charge is not being collected from the beneficiaries. Hence for all cases in which implants and prosthesis are used you are requested to do the billing according to the format only, signature of the patient is mandatory to settle the bill. **Appendix B** is the list of exclusions.
29. **Note 1: In case of cataract surgery, the package rate is inclusive of lens charges. Therefore you are requested not to collect lens charges from the patient.**

In cataract operations the eye cares Network hospitals shall attach the bar code sticker and pouches of the lens implanted to the beneficiaries with claim bills.

30.All other instructions issued in the protocol guidelines are continued.

(V. Umesh)
Principal Secretary to Government
Cooperation Department and
Chairman of the Yeshasvini Trust

Copy to:

- 1) Registrar of Cooperative Societies, Bangalore.
- 2) Mission Director, NRHM, Bangalore.
- 3) Addl. Registrar of Cooperative Societies, Bangalore.
- 4) Joint Registrars, Bangalore, Mysore, Belgaum and Raichur.
- 5) Deputy Registrar of Cooperative Societies, All Districts.
- 6) Medi Assist India TPA Pvt Ltd, Bangalore
- 7) All Yeshasvini Network Hospitals.

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No. CO 60 CLS 2011

Date: 15.03.2012

To,

All Network Hospitals,

Yeshasvini Cooperative Farmers Healthcare Scheme,
Karnataka.

Dear Sir/Madam,

Sub: Essential infrastructure for performing Laparoscopic procedures

Ref: 1) Tariff revision committee report.

2) Proceedings of Yeshasvini Trust meeting held on 19-1-2012.

3) Network Hospital Circular NO: CO/60/CLS/2011 dated: 13.03.2012

In continuation to our circular of above reference no.3, this is to inform you that for performing any laparoscopic procedures your hospital shall be equipped with following infrastructures.

- a. Monitor
- b. Scope
- c. Light Source
- d. Harmonic Scalpel
- e. Carbondioxide Insufflators

Hence please cooperate and ensure availability of above infrastructure for rendering quality treatment to the scheme beneficiaries.

Thanking you,

Yours faithfully,

(R.M Nataraja)
Chief Executive Officer.