F 008(9) Rejection Appeal-I 202 9 26 08 202

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DHANWANTRI HOSPITAL AND RESEARCH	

DHANWANTRI HOSPITAL AND RESEARCH CENTRE-Jaip202 ने न्यू इंडिया एश्योरेंस कंपनी द्वारा गलत आधार पर निरस्त किए गए क्लेम्स के प्रकरण में संयुक्त मुख्य कार्यकारी अधिकारी, राजस्थान स्टेट हेल्थ एश्योरेंस एजेंसी के समक्ष प्रस्तुत अपील पर सुनवाई दिनांक 10/07/2021 को की गई, जिसमें निम्न व्यक्ति उपस्थित रहे:-

- Dr Kamlesh Sharma (drkamleshsharma @gmail com)
- Dr Lalit Kataria (lalitkatariabnms@gmail com)
- Dr Ojas Saini (dhrcjpr@gmail com)

बैठक में **DHANWANTRI HOSPITAL AND RESEARCH CENTRE-Jaip202** ने न्यू इंडिया एश्योरेंस कंपनी द्वारा गलत किए गए 58 क्लेम के लिए प्रस्तुत अपील पर विचार किया गया | बीमा कंपनी एवं राजस्थान स्टेट हेल्थ एश्योरेंस एजेंसी द्वारा क्लेम की समीक्षा करने पर अपील में प्रस्तुत प्रकरण के संक्षिप्त तथ्य **एवं दोनों पक्षों को सुनने के बाद कमेटी द्वारा संलग्न तालिका के कॉलम संख्या 9 एवं 10 के अनुसार निर्णय प्रदान किया गया | संक्षिप्त विवरण निम्नानुसार है:-**

S.No.	Decisions	No of Cases
1	Re-open & pay	30
2	Re-open & Query	0
3	Rightly Rejected	28

अपील की पालना के सम्बन्ध में दिशानिर्देश: -

A. बीमा कम्पनी के लिए:-

बीमा कंपनी को यह भी निर्देशित किया गया कि इस संबंध में की गई कार्यवाही से दिनांक 02/09/2021 तक अद्योहस्ताक्षरकर्ता को अवगत कराएं | यदि बीमा कंपनी द्वारा उक्त निर्णय की पालना इस आदेश के जारी होने से दिनांक 02/09/2021 तक नहीं की जाकर सूचित नहीं किया जाता है, तो RSHAA द्वारा अनुबंध के प्रावधान संख्या 1.28.4 के अनुसार कार्यवाही की जाएगी |

B. अस्पताल के लिए:-

यदि बीमा कंपनी द्वारा दिनांक 02/09/2021 तक उपरोक्त निर्णयानुसार कार्यवाही संपादित नहीं की जाती है, तो अस्पताल को अद्योहस्ताक्षरकर्ता को तत्काल अवगत करावें ताकि अग्रिम कार्यवाही की जा सके |

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S.No.	TID	Appeal No.	Pkg Code	Pkg Rate	Patient	Remarks of NIA	Remark of Hospital	Decision	Detailed Decision
1	2	3	4	5	6	7	8	9	10
1	T1101195337013	2019/102933	29060011A - 00	24750	Nirma Gurjar	Meningocele - Lumbar and Spina Bifida Repair OR TCS both pkg are included in Spinal Surgery - Syringomyelia and both are on same site hence rejected7	Justification for Meningocele-Lumbar (29060011 A) and Spina Bifida Repair or TCS (29060015 A) In this particular claim Packed Cell Per Unit and Spinal Surgery –Syringomylia (29060030 A) and Flap Surgeries –Myocutaneous Flap or Muscle or Fasciocutaneous Flap have been rightly approved and two above noted packages wrongly and illegally rejected with the claim package remark “Meningocele-Lumbar and Spina Bifida Repair or TCS both pkg are included in spinal surgery. Syringomyella and both are on same site hence rejected”It is wrong to suggest that Excision of Lumbar Meningocele and TCS are included in Spinal Surgery –Syringomylia (29060030 A).	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							Similarly Syringomylia and TCS are included in each other and are to be performed both on same site. The real fact is that the MRI findings which are being reproduced “Posterior vertebral body elements and overlying soft tissue defect are seen to extending from S2 to S4 Levels. Overlying skin defect visualized. A Large CSF Containing sac is herniating through the posterior spinal defect along with the nerve roots. Visualized distal cord is low lying with small syrinx. Thus The MRI study reveals Open sacral Spinal dysraphism with meningocele and low lying tethered cord and small syrinx ”. From the observation of MRI it is clear that the Soft tissue defect was extending from S2 to S4 level. It is further clear from OT		

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							Notes that by an incision along the meningocele sac it was dissected from surrounding healthy skin The Terminal part of the cord was coming in the sac and was adherent to its wall. Which was separated from the Meningocele wall and Meningocele excised then Dethreathing of the cord was performed. Next, the terminal part of the cord was sutured to make a round end to prevent furtheradhesions. In the Next procedure of surgery the syrinx was identified and shringosteomy performed. In another procedure duroplasty was performed to cover the cord and its nerve roots. Further more a rotational myocutaneous flap taken to cover the skin defect harvested from right side and rotated to the mid line to cover the skin defect. As		

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1	2	3	4	5	6	7	8	9	10
							suggested by Anesthetist the external ventricular drain was not placed. Now considering the MRI findings and surgical procedures adopted in a sequence by Sr. Most Neuro surgeon Like Dr. Rakesh Kr. Sharma it is crystal clear that the Surgical Procedures adopted above are entirely at different levels of spine with different indications. All the procedures are separate and different from each other. Procedure of Duroplasty which was also performed required a separate package which has not been claimed. It is worthwhile to mention that Pre auth queries raised by Analyser were adequately replied and Pre Auth approval was rightly obtained. Now it can be safely argued that the two rejected packages are not		

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1	2	3	4	5	6	7	8	9	10
							included in any other procedure and deserve to be approved and paid. Hence requested to set aside the rejection and order to open and pay.		

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1	2	3	4	5	6	7	8	9	10
2	T1205196491223	2019/122418	29100010A - 00	22000	Lala Ram	package is included in above package as both are meant for same line of treatment 7	A. That in above noted two package one was rejected with the claim package remark “Package include in above package as both are meant for same line of treatment” which is wrong illegal and baseless itself. B. That a Claim query was raised for providing kindly provide date wise ventilator chart , ICDT note , indication for 29100010A-00 and CT report which was adequately replied in well manner. C. As we all know patient was a case of difficulty in Breathing so related physician advised to ICDT tube for proper ventilation. The facts can be verified by looking into Xray Chest. D. The Service provider ethically blocked the package and same was performed in ICU. E. Moreover the line of treatment of Acute	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							Respiratory Failure and Pneumothorax is overlapping one together but both are different and handled by different specialist. F. Moreover the Service provider is unable to bear this huge financial Loss Rs. 22000/-. Therefore requested to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
3	T1412185090285	2019/095370	29130006A - 00	35000	Ram Babu Sharam	hospital not provide post op clinical photo with flap & donor site clinical photo hence rejected 7	The above noted patient was admitted in this Hospital under BSBY Scheme on dated 13 Dec2018 and finally package : A. Fracture Fibula Internal Fixation + Fracture Tibia Internal Fixation (19030096 A) B. Ilizarov Fixation (29030005 A) C. Flap Surgeries –Myocutaneous Flap or Muscle or Fasciocutaneous Flap (29130006 A) In this particular case out of three one was (29130006 A) wrongly and illegally rejected with the claim package remark “Hospital not provide Post OP. Clinical Photo with Flap and Donor site Clinical Photo hence rejected” but the real fact is that Ram Babu Sharma, 43 Yrs /Male , was suffering from left ankle crush injury with soft tissue defect over medial aspect with exposed	Reopen & Pay	PACKAGE JUSTIFIED AS PER CLINICAL PHOTO

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S.No.	TID	Appeal No.	Pkg Code	Pkg Rate	Patient	Remarks of NIA	Remark of Hospital	Decision	Detailed Decision
1	2	3	4	5	6	7	8	9	10
							posterior tibial Neurovascular Bundle and exposed fracture periosteum. Fasciocutaneous flap was done along with ilizarov fixation in addition to fracture internal fixation. A Flap by definition is a vascularised piece of tissue that remains attached to its donor blood supply. In this case , we did a perforator based advancement flap which falls under the category of random flaps with donor blood supply from septocutaneous vascular perforators and was Non islanded. Furthermore , the content of vascularised piece of tissue was fasciocutaneous that is the flap included skin, subcutaneous tissue and the underlying fascia. As per textbook definition Local Fasciocutaneous		

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1	2	3	4	5	6	7	8	9	10
							Flap : Tissuee transferred from Contiguous anatomic site i.e. from adjacent to soft tissue defect. Since in this case, we did a local advancement Fasciocutaneous flap, the donor site is adjacent to soft tissue defect. Further more , the post operative clinical photo is two dimensional which makes appreciation of flap inset less obvious to naked eye while viewing the clinical picture alone. The patient has an additional posterior incision (Not possible to capture the entire three dimensional flap in a single photo frame) which further substantiates our claim of elevation of perforators Fasciocutaneous flap.		

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1	2	3	4	5	6	7	8	9	10
							Therefore we would like to request for reopen and pay. Dr. R P Saini		

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1	2	3	4	5	6	7	8	9	10
4	T2408197654614	2019/135599	19040031A - 00	10200	Balbir	Blocked package is the part of the package code-19010052A.7	Justification for Laprotomy Peritontitis Lavage and Drainage (19040031 A) A. That In this particular case out of three , one was rejected with the claim package remark “Blocked package is the part of the code no. 19010052 A” Which is itself wrong and illegal. B. That both the procedure are separate from one together and having different indications. C. That the facts can be verified by looking into the OT notes. D. That service provider unable to face this huge financial loss Rs. 15000/- atthis belated stage while the patient had already been discharged. E. Therefore requested to reopen and pay.	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
5	T2507197325652	2019/132232	29120087A - 00	30000	ramnath	this package including in paid package 7	This is to certify that patient Ramnath Gurjar,41 years/male,was suffering from right leg crush injury with soft tissue defect with vascular injury with critical limb ischaemia with Distal leg bones open fracture with multiple nerve injuries. Query Reply to 'As per supplied documents,right package code is 29130002' 'Peripheral nerve surgery-Major' and 'Vascular procedure' cannot be categorized under reconstructive surgery.Reconstructive surgery is a broader term which encompasses procedures meant to restore/reconstruct lost bodily function/cosmetic appearance when patient develops sequelae years after an episode of trauma/long standing tumor etc.In our	Reopen & Pay	Package is justified as per CT angiography report.

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1	2	3	4	5	6	7	8	9	10
							case,ACUTE REPAIR of injured nerves and vessels was required to minimize the risk of amputation. Furthermore,each of these packages have independent indications.Furtherm ore, ‘Peripheral nerve surgery-Major’ and ‘Vascular procedure’ were done on different dates. Surgical steps and Goals/aim of the surgical procedure are entirely different for the two packages.		

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1	2	3	4	5	6	7	8	9	10
6	T1002195604988	2019/104052	19030040A - 00	12000	hajari lal	AS per the clinical photo this package is not justified7	This is to certify that Patient Hajari Lal,38 years old/male,was suffering from Right shaft of femur fracture with signs of impending compartment syndrome of right thigh. Fascial compartments are defined by unforgiving connective-tissue septa and osseous structures. Without sufficient compliance of these structures, pressure increases within the closed system, causing microvascular compromise and subsequent muscle and nerve ischemia. Indications for surgical intervention in acute compartment syndrome in the alert patient are generally based on clinical impression.This patient Hajari Lal had pain which was out of proportion to clinical findings ; Pain with passive	Reopen & Pay	PACKAGE JUSTIFIED AS PER CLINICAL DOCUMENTS AND OT NOTES

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							stretch of involved muscles of arm; and Pain with palpation of involved thigh compartment with tense swelling and feeble distal pulsations. We measured a value of 40mmHg of the thigh intra-compartmental pressure using Stryker Intra-Compartmental Pressure Monitor (hand held Stryker STIC Device monitor).Fasciotomy was thus indicated to decompress the elevated compartment pressure to prevent disastrous impending complication of muscle/nerve ischaemia. Incision was made in longitudinal fashion over lateral aspect of thigh.Subcutaneous bleeders were identified and coagulated with electrocautery.The fascia over the thigh		

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							compartment was identified and an incision was made through the fascia to decompress the elevated intracompartmental pressure.After fascial release,the underlying muscles bulged out of the surgical wound.The muscles were inspected for viability.Some muscles of questionable viability was debrided with no.10 blade in tangential manner until bleeding margins were obtained.Shoe-lace primary closure of fasciotomy wound in loose fashion. The provided intra-operative clinical photograph clearly shows the tense muscles bulging out of the fasciotomy wound with face of the patient clearly seen to establish the identity of the operated patient.The		

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							post-operative bed side photo shows primary healing of the shoe lace closure of faciotomy incision in uneventful fashion.		

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1	2	3	4	5	6	7	8	9	10
7	T2304196302065	2019/119819	29060046A - 00	29800	Rajsingh Mali	this package including above package 7	Justification Spinal Surgery-Excision of Cervical Intervertebral Discs (29060046 A) In this particular case out of two one was rejected with the claim package remark “This package include in above package” which is itself wrong , illegal and baseless. In this particular case a Pre Auth query was raised regarding provide mri report with film, detail surgical plan, indication which was adequately replied and Pre Auth was approved. Moreover it was a case of Compressive Cervical myeloradiculopathy needs anterior Cervical Discectomy for Neural Decompression to relieve Neurological symptoms. After Discectomy Cervical	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							Spine is unstable which always need stabilization with titanium Implant. Both of Procedure are Mandatory for adequate Outcome. The Service Provider unable to bear this such huge financial loss Rs. 29800/- therefore requested to reopen and pay the claim. Thank You Dr. Rakesh Sharma		

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1	2	3	4	5	6	7	8	9	10
8	T2106196931403	2019/122934	19030023A - 00	7500	Bano	included with above package7	This is in reference to TID T2106196931403.(Mrs Bano/50 years/female) Appeal reply to 'Debridement and closure-major' is part of 'Reconstructive surgery faciomaxillary trauma/mandible/maxilla' pkg,hence rejected' : 'Debridement and closure-major' and 'Reconstructive surgery faciomaxillary trauma/mandible/maxilla' pkg are two different surgical procedures which are not related to each other and done for eniterly different indications.Both are done at different anatomical regions. Rejection of package 'Debridement and closure-major' is unjustified.NIA during claim review cited 'Debridement and closure-major' is part of 'Reconstructive surgery	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							faciomaxillary trauma/mandible/maxilla' pkg,hence rejected'. As per described routine steps of 'Reconstructive surgery faciomaxillary trauma/mandible/maxilla' in standard orthopaedic reference textbooks, 'Debridement and closure-major' is not an intermediate step.Hence,it cannot be considered part of 'Reconstructive surgery faciomaxillary trauma/mandible/maxilla'.It requires different instrumentation and the procedure was done at different anatomical site.On these legitimate facts,this pkg must be considered for payment. Furthermore,chin is a different anatomical region which is separate from facio-maxillary region.		

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1	2	3	4	5	6	7	8	9	10
9	T0601195286807	2019/106100	19100008A - 01	1500	Madhu	hospital not provide correct patient name of documents hence rejected 7	Name of Patient – Madhu TID NO. T0601195286807 This particular claim has been illegally and wrongly rejected with the package remark “ hospital not provide correct patient name of documents hence rejected” The real fact is that Madhu and Madhav lal are one and the same person. The fault lies at the level of ID cards namely Adhar card and Bhamashah Card. The Adhar card bears the name as Madhav lal Gurjar with date of birth 1/1/1976 (42 yrs age) The parentage of Madhav lal Gurjar has been shown as Roopa gurjar residence of Madeda Taswariya , Gulabpura , Bhilwara , Rajasthan , (311021) . On the other hand the Bhamashah card bears the name of this very paient as	Reopen & Pay	kindly reopen and pay as per provided id proof the patient is same madhu and madhav

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							madhu with all other particulars exactly same as in Adhar card i.e age , parentage and address etc. Moreover in Bhamashah Card against the name of Madhu the serial number of Adhar Card mentioned (212431664162) is also exactly same which has been mentioned in his Adhar Card . The identification was also verified by installing thumb impression of Madhav lal Gurjar. From the above explanation it is very clear that Madhu and Madhav lal are the same person differently named in his Adhar card and Bhamashah card by mistake done by the officials creating these documents with the reasons best known to them . But atleast the service provider who has sincerely provided the service		

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1	2	3	4	5	6	7	8	9	10
							to the beneficiary and spent more than 45000 rupess on his treatment, is not at fault judged by any standard. Hence the service provider expects payment rather than rejection at the hands of insurance authorities . Therefore requested to immediately set aside the rejection and order to pay .		

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1	2	3	4	5	6	7	8	9	10
10	T0607197105840	2019/132228	29220007A - 00	25000	Raju Mali	as per documents hospital not provide supportive investigation hence rejected7	Justification for Urethroplasty A. That In this particular case out of two one was rejected with the claim package remark “As per documents hospital not provide supportive investigation hence rejected” which is wrong illegal itself. B. That at the time of claim submission all the documents along with investigations uploaded successfully. The facts can be verified by looking into the Software portal. C. That in this particular case patient came with history of passing urine from back wall of the urethra through an abnormal opening since birth like a camel, Penile bending with convexity on the ventral site since birth. For the same related specialist advised for USG and Some regular investigations and	Reopen & Pay	HIGHER PACKAGE TO BE PAID ; TO SETTLE DIFFERENCE AMOUNT.

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1	2	3	4	5	6	7	8	9	10
							same was performed. D. That USG was suggestive of Intercavernous tunica fibrosis with Chordee Hypospadias. On the basis of USG basis above noted package were blocked and same was operated. E. That all the facts can be verified by Looking into the Clear Clinical photo of the patient. F. That Nowhere service provider at fault and unable to face this huge financial Loss Rs. 25000/- therefore requested to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
11	T2602195753695	2019/110791	29100010A - 00	22000	Suja Ram Gurjar	this pkg included in 29060066A pkg7	In this particular claim the claim package of Pneumothorax has been wrongly and illegally rejected with package remark “This pkg Include in 29060066 A”. It is wrong to suggest that Pneumothorax with ICDT is included in Conservative Management in Neuro ICU. The Particular Patient who was admitted in DHRC Jaipur on 19 Feb 2019 with H/O RTA with signs and Symptoms of Head Injury , Remaining Unconscious for 2 hours after trauma. He also had difficulty in Breathing due to Chest Injury on Right side. He also complained of Cough and expectoration. He was immediately shifted Neuro ICU under the care of Neuro Physician and Chest Physician. He was investigated with MRI Brain and	Rightly Rejected	rightly rejected as per documents the package not justified

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							NCCT Scan of Chest. A Pre Auth query was raised for providing Indications for blocked packages which was adequately replied in detail. The Separate indications with supporting investigations for both packages were discussed and explained. Otherwise also for intensive care of RTA Cases it is settled principle that in case of Polytrauma all vital injuries are addressed properly by relevant and appropriate specialists, required procedures and all Life Saving Medications and equipments. Everything has to be done simultaneously and urgently. The attending doctors and Hospital Administration can not wait for treatment of one organ and simply treat the other organ. This principle		

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							will also apply to the appeal of claim in hand. In this particular patient the Head Injury as confirmed by MRI Brain had to be treated as Conservative Management in ICU and the Pneumothorax resulting from Chest Injury had an ethical indication for insertion of ICDT as confirmed by CT Chest Report and Critical Condition of Breathlessness of the patient. The ICDT insertion was performed on 26/02/2019 in OT by a Chest Surgeon Under LA. The Complete steps have been recorded by the operating surgeon and uploaded in the Software file of the patient at time of discharge. Under these circumstances it is unjustified to reject the claim just to harash the sincere and dedicated		

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1	2	3	4	5	6	7	8	9	10
							service provider and deprive him of huge amount of money of RS. 22000/- just because of the whimsical and callus attitude of the claim analyzer at the Level of NIA, when the service provider has spent this amount on proper care and operation of the patient at competent hands. It is -most unprofessional and most unethical to behave in this manner by a responsible person. HENCE REQUESTED TO RECONSIDER THE GROUND OF APPEAL, SET ASIDE THE REJECTION AND ORDER TO PAY.		

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1	2	3	4	5	6	7	8	9	10
12	T2103195969447	2019/115223	29100008A - 00	35000	Nanagi	as per diagnosis and the given treatment detail this pkg is also included in approved pkg 7	The above noted patient was admitted in this Hospital under BSBY Scheme on dated 20 March 2019 and package blocked : A. Refractory Cardiac Failure (29120010 A) Subsequently revised on 21/03/2019 and added with Acute Respiratory Failure (29100008 A) In both of them Acute Respiratory Failure was rejected with the Remark " This is already included in the Following package hence rejected" It is wrong to suggest of that Line of treatment in Both RCF (Refractory Cardiac Failure) and ARF (Acute Respiratory Failure) is same. The real fact is that both medical emergencies are totally different and separate entities. The signs , symptoms and line	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							of treatment in both emergencies are altogether different. The Refractory Cardiac Failure is managed by Cardiologist and The Acute Respiratory Failure is managed by Chest Physician mainly and in association with other trained , experienced and qualified Medical and Para Medical staff. Both emergencies may be suffered by the patient separately or in combination also. When both conditions exists simultaneously in a patient there may be a little overlapping of signs , symptoms and Medication but they have to be again managed by different and separate physicians specialist in their own specialty. Moreover the Acute Respiratory Failure has to be monitored with ABG twice daily		

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1	2	3	4	5	6	7	8	9	10
							which in itself quit expensive procedure costing Rs. 1500/- Per test. In this particular patient at hand this principle of separate and different Line of management applies and the service provider has rightly blocked the appropriate packages which are ethically indicated. Hence requested to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
13	T1512185093026	2019/094232	29100010A - 00	22000	Ramulal	hospital not provide CT or MRI report hence rejected 7	Name of the Patient : Ramu Lal TID No. T1512185093025 Dear Sir/ Madam, The above noted patient was admitted in this Hospital under BSBY Scheme on dated 9/12/2018 and finally package blocked : A. Fracture Humerus Distal –Internal Fixation (19030117 A) B. Packed Cell Per Unit (19100008 A) C. Neuro Surgery –peripheral Nerve Surgery Major (29060025 A) D. Pneumothorax (With ICDT)-29100010 A E. Packed Cell Per Unit (19100008 A) x3 In this particular case out of Five , one was rejected with the claim package remark “Hospital Not provide CT or MRI Report hence rejected” But the real fact is that a claim query	Reopen & Pay	post chest x-ray film and report uploaded ; package justified

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1	2	3	4	5	6	7	8	9	10
							was raised by the Insurance company for providing NCV Report, CT Scan of chest and Given treatment detail . In reply to this query Hospital Administration provided the same but on the place of CT Chest, X ray chest was uploaded. CT Chest didn't performed to save the patient from unnecessary Radiation or financial loss. The ICDT Tube		

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1	2	3	4	5	6	7	8	9	10
14	T1602195665207	2019/109837	29060025A - 00	30000	Rud Mal	As per provide NCV report blocked package not justify hence Rejected 7	It is wrong to suggest that NCV report provided in the case file is not justifying the package. On 15 Feb 2019 the patient was put to electrophysiology and detailed MNC , SNC with F Wave record is available on the case file. The Impression of report which is suggestive of Right Common Peroneal, tibial and Sural nerves palsy has already been uploaded along with the Final Claim. The above both nerves are branches of Sciatic Nerve hence the sciatic nerve palsy is proved from the above report. Earlier a pre auth query was raised for providing indications for all the blocked packages. This query was adequately replied to the satisfaction of Pre auth analyzer and approval was obtained. Now at this belated stage when	Reopen & Pay	As per uploaded NCV report , sciatic nerve palsy is justified.

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1	2	3	4	5	6	7	8	9	10
							the patient has already been discharged and the service provider has spent a huge amount on management, Operation and care of the patient, it is unjustified to reject the claim in order to deprive the sincere and dedicated service provider of huge amount of Rs. 65000/- (Sixty Five Thousand only) .The OT notes which has already been uploaded on the software file clearly reveal, the steps of Neuro Surgery performed. The OT notes are not being reproduced just to avoid repetition. Therefore requested to set aside this rejection and order to pay.		

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1	2	3	4	5	6	7	8	9	10
15	T0601195286807	2019/106099	19100008A - 00	1500	Madhu	hospital not provide correct patient name of documents hence rejected 7	Name of Patient – Madhu TID NO. T0601195286807 This particular claim has been illegally and wrongly rejected with the package remark “ hospital not provide correct patient name of documents hence rejected” The real fact is that Madhu and Madhav lal are one and the same person. The fault lies at the level of ID cards namely Adhar card and Bhamashah Card. The Adhar card bears the name as Madhav lal Gurjar with date of birth 1/1/1976 (42 yrs age) The parentage of Madhav lal Gurjar has been shown as Roopa gurjar residence of Madeda Taswariya , Gulabpura , Bhilwara , Rajasthan , (311021) . On the other hand the Bhamashah card bears the name of this very paient as	Reopen & Pay	kindly reopen and pay as per provided id proof the patient is same madhu and madhav

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1	2	3	4	5	6	7	8	9	10
							madhu with all other particulars exactly same as in Adhar card i.e age , parentage and address etc. Moreover in Bhamashah Card against the name of Madhu the serial number of Adhar Card mentioned (212431664162) is also exactly same which has been mentioned in his Adhar Card . The identification was also verified by installing thumb impression of Madhav lal Gurjar. From the above explanation it is very clear that Madhu and Madhav lal are the same person differently named in his Adhar card and Bhamashah card by mistake done by the officials creating these documents with the reasons best known to them . But atleast the service provider who has sincerely provided the service		

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S.No.	TID	Appeal No.	Pkg Code	Pkg Rate	Patient	Remarks of NIA	Remark of Hospital	Decision	Detailed Decision
1	2	3	4	5	6	7	8	9	10
							to the beneficiary and spent more than 45000 rupess on his treatment, is not at fault judged by any standard. Hence the service provider expects payment rather than rejection at the hands of insurance authorities . Therefore requested to immediately set aside the rejection and order to pay .		

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1	2	3	4	5	6	7	8	9	10
16	T0601195286807	2019/106102	29130002A - 00	42000	Madhu	hospital not provide correct patient name of documents hence rejected 7	Name of Patient – Madhu TID NO. T0601195286807 This particular claim has been illegally and wrongly rejected with the package remark “ hospital not provide correct patient name of documents hence rejected” The real fact is that Madhu and Madhav lal are one and the same person. The fault lies at the level of ID cards namely Adhar card and Bhamashah Card. The Adhar card bears the name as Madhav lal Gurjar with date of birth 1/1/1976 (42 yrs age) The parentage of Madhav lal Gurjar has been shown as Roopa gurjar residence of Madeda Taswariya , Gulabpura , Bhilwara , Rajasthan , (311021) . On the other hand the Bhamashah card bears the name of this very paient as	Reopen & Pay	kindly reopen and pay as per provided id proof the patient is same madhu and madhav

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1	2	3	4	5	6	7	8	9	10
							madhu with all other particulars exactly same as in Adhar card i.e age , parentage and address etc. Moreover in Bhamashah Card against the name of Madhu the serial number of Adhar Card mentioned (212431664162) is also exactly same which has been mentioned in his Adhar Card . The identification was also verified by installing thumb impression of Madhav lal Gurjar. From the above explanation it is very clear that Madhu and Madhav lal are the same person differently named in his Adhar card and Bhamashah card by mistake done by the officials creating these documents with the reasons best known to them . But atleast the service provider who has sincerely provided the service		

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1	2	3	4	5	6	7	8	9	10
							to the beneficiary and spent more than 45000 rupess on his treatment, is not at fault judged by any standard. Hence the service provider expects payment rather than rejection at the hands of insurance authorities . Therefore requested to immediately set aside the rejection and order to pay .		

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1	2	3	4	5	6	7	8	9	10
17	T1806196899573	2019/123911	19070051A - 00	6000	Kailashi Devi	after reminder the post op clinical photo with face of patient is not provided hence not payable7	This particular patient was admitted in this Hospital under BSBY Scheme on dated 18 June 2019 and package blocked : A. Pterigium + Conjunctival Autograft (19070051 A) A. That this particular Claim package was rejected with the claim package remark “After Reminder the Post Operative Clinical Photo with face of patient is not provided hence not payable” which is itself wrong , illegal and baseless itself. B. That a claim query was raised for providing “kindly provide the clear visible pre and post op clinical photo and donor site clinical photo of conjunctival graft with face of patient” which was also replied with operated site clinical	Reopen & Pay	package justified as per clinical photo

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1	2	3	4	5	6	7	8	9	10
							photo. The facts can be verified by Looking into Software Portal. C. Moreover the facts can be verified by looking into some other photos. (Photos Available) D. The service provider unable to bear this huge financial Loss Rs. 6000/- (Rs. Six Thousand) therefore requested to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
18	T2308197643583	2019/137091	29030013A - 00	8000	Kalua Ram Meena	Included in above pkg7	A. That in above noted case out of three one was rejected with the claim package remark “include in above pkg” which is itself , wrong and illegal. B. That Patient admitted with complaints of Pain in left knee , swelling in left knee , unable to move left knee , wound over left knee since 23/08/2019. He had H/O trauma due to RTA on 23/08/2019 at around 3 pm. C. That on examination BP-110/70 mmhg, Pulse-76/mint, Swelling in left knee , Swelling in Occipital region, Stitched wound over left knee , Tenderness in left knee, restricted rom left knee. D. That Radiological Investigation done in the form of X Ray S/O Comminuted Fracture Left Distal femur with Left patella Fracture.	Reopen & Pay	package justified as per x-ray and ot notes

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1	2	3	4	5	6	7	8	9	10
							E. That on the basis of clinical and Radiological evaluation he was diagnosed as Left distal femur compound comminuted fracture with patella fracture with Head injury. F. As per your query fracture patella is included in open reduction internal fixation Long Bone. Open Reduction and Internal fixation large bone package is blocked for distal femur compound comminuted fracture and patella fracture surgery is not included in same package. Patella fixation done with Screw fixation and thus fracture patella surgery package is blocked as to fix the fracture. G. That the service provider unable to bear this huge financial loss Rs. 8000/- therefore reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
19	T1412185090974	2019/094728	19030065A - 00	10000	Sitaram	INCLUDED IN THE PAID PACKAGE7	Dear Sir/ Madam, The above noted patient was admitted in this Hospital under BSBY Scheme on dated 14 Dec 2018 and Package blocked : A. Open Reduction with Phemister Grafting (19030065 A) B. Fracture Humerus Distal –Internal Fixation (19030117 A) In this particular case out of two one was wrongly and illegally rejected with the claim package remark “Include in the Paid Package” It is wrong to suggest that Both packages mentioned above are included in each other. The real fact is that both packages are entirely different and separate as both operative surgical procedures are performed entirely differently and separately with different indication. In this particular	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							case also patient suffered from comminuted Fracture Right Humerus Distal Part with a Gap defect resulting from RTA. Both surgical procedures were performed separately . In the first procedure the distal Fractured part of Humerus exposed using lateral approach and the internal fixation was achived using 2 Herbert Screws and 2 K wire Fixator. In the second procedure the gap defect was failed with Phemister Bone Graft harvested from the olecranon process. Considering the above discussion it is crystal clear that both surgical procedures are separate and different and none of them is included in the other one. Therefore requested		

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1	2	3	4	5	6	7	8	9	10
							to set aside the claim rejection and order to open and pay.		

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1	2	3	4	5	6	7	8	9	10
20	T2305196614870	2019/122886	19030006A - 00	15000	Kaluram	included in the following package hence rejected7	This is to certify that patient Kaluram,41 years,male, was suffering from right patella fracture with tense knee haemarthrosis with joint capsule stretch pain. Tension band wiring – Patella was done for displaced patella fracture. Indication of Arthrotomy : Arthrotomy was done in order to relieve tense elevated intra-articular joint pressure and to evacuate intra-articular haematoma and joint debris.This unusual finding was confirmed on ultrasound evaluation of knee joint dated 23/05/2019 which revealed severe haemorrhagic collection.Ultrasound evaluation is not rourinely done in such fracture cases unless clinical suspicion of tense	Reopen & Pay	Package is justified as per usg report

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1	2	3	4	5	6	7	8	9	10
							haemarthosis is present.This patient had severe sharp global/diffuse knee pain out of proportion to fracture pain. As per described routine steps of tension band wiring in standard orthopaedic reference textbooks,formal arthrotomy is not an intermediate step.Hence,it cannot be considered part of 'Tension band wiring-Patella'.		

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1	2	3	4	5	6	7	8	9	10
21	T0601195286807	2019/106101	19100008A - 02	1500	Madhu	hospital not provide correct patient name of documents hence rejected 7	Name of Patient – Madhu TID NO. T0601195286807 This particular claim has been illegally and wrongly rejected with the package remark “ hospital not provide correct patient name of documents hence rejected” The real fact is that Madhu and Madhav lal are one and the same person. The fault lies at the level of ID cards namely Adhar card and Bhamashah Card. The Adhar card bears the name as Madhav lal Gurjar with date of birth 1/1/1976 (42 yrs age) The parentage of Madhav lal Gurjar has been shown as Roopa gurjar residence of Madeda Taswariya , Gulabpura , Bhilwara , Rajasthan , (311021) . On the other hand the Bhamashah card bears the name of this very paient as	Reopen & Pay	kindly reopen and pay as per provided id proof the patient is same madhu and madhav

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							madhu with all other particulars exactly same as in Adhar card i.e age , parentage and address etc. Moreover in Bhamashah Card against the name of Madhu the serial number of Adhar Card mentioned (212431664162) is also exactly same which has been mentioned in his Adhar Card . The identification was also verified by installing thumb impression of Madhav lal Gurjar. From the above explanation it is very clear that Madhu and Madhav lal are the same person differently named in his Adhar card and Bhamashah card by mistake done by the officials creating these documents with the reasons best known to them . But atleast the service provider who has sincerely provided the service		

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1	2	3	4	5	6	7	8	9	10
							to the beneficiary and spent more than 45000 rupess on his treatment, is not at fault judged by any standard. Hence the service provider expects payment rather than rejection at the hands of insurance authorities . Therefore requested to immediately set aside the rejection and order to pay .		

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1	2	3	4	5	6	7	8	9	10
22	T2408197647598	2019/136701	19030119A - 00	20000	shankar lal raigar	No indication for separate pkg blocked hence rejected.7	TID:T240819754759 8 This is to certify that patient Shankiar Lal Raigar,50 years,male, was suffering from Right talar dome cyst formation with stage-I osteovhondral lesion of talus. In addition,the patient had calcaneal spur which was removed during surgery. Indication of Cyst removal of talar dome with ankle arthroscopy : This patient had point tenderness at talar dome which correleated with his MRI finding suggestive of 'Subchondral cystic changes with adjacent bone marrow edema seen involving postero-medial talar dome s/o osteochondral lesion of talus. Calcaneal spur-exicsion and	Reopen & Pay	package justified as per ot notes and mri report

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							Cyst removal/arthroscopy are two different surgical procedures which are not related to each other and done for eniterly different indications.		

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1	2	3	4	5	6	7	8	9	10
23	T2308197635746	2019/135566	19060001A - 00	14500	RAJENDRA	This Pkg is included under code 29060061 hence rejected 7	Justification for Duroplasty A. That the above noted claim package was rejected with the claim package remark “The pkg is include under code 29060061 A hence rejected” which is itself wrong and illegal. B. That in this particular case above noted package was rejected without raising any query while rule is to query before to reject. C. That both the package are different from each together. D. That both the procedure performed separately. E. That the facts can be verified by looking into the OT notes. F. That service provider unable to face this huge finical loss Rs. 14500/- therefore requested to reopen and pay. Thanking You,	Rightly Rejected	rightly rejected as per documents the package not justified

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S.No.	TID	Appeal No.	Pkg Code	Pkg Rate	Patient	Remarks of NIA	Remark of Hospital	Decision	Detailed Decision
1	2	3	4	5	6	7	8	9	10
24	T2002195696015	2019/109441	29060046A - 00	29800	Habalu	including above package 7	This particular patient admitted in DHRC with a provisional diagnosis of traumatic cervical myelopathy .It was confirmed by MRI report revealing fracture of bilateral pars of interarticulars and lamina of C5 and C6 vertebrae with disruption of inter vertebral disc causing grade II anterolithiasis of C5 over C6 is noted with surrounding minimal hematoma .T2/stir hyperintensity signals seen in adjacent cervical cord with significant compression –suggestive of traumatic cord compressive myelopathy . Accordingly the patient was planed for spinal surgery excision of cervical inter vertebral discs at the level of C6-C7 with spinal fixation .Out of these two packages excision of cervical disc has	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							been wrongly and illegally rejected with the package remarks ,“ including above package “ . It is wrong to suggest that both packages of spinal surgery are included in each other .The real fact is that both spinal surgeries have different and separate indications and are to be performed entirely differently and separately .The excision of cervical disc is done in order to decompress the nerves involved and relieve the symptoms produced by the compression of said nerves . On the other hand the fixation of the spine is done in order to achieve the stability of the vertebral Colum (spinal part).By Going through the ot notes also it is crystal clear that the operating surgeon 1st performed discscectomy c6 –c7 and		

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							subsequently had under taken the anterior fusion by using cage with bone graft and fixed with plate and screws .The detailed Ot notes have already been uploaded In the software file of claim .It is needless to reproduce them in order to save the repetition. More over in this very claim preauth query had been raised which was replied adequately .The surgery was under taken after a valid preauth approval by the analyser .Hence at this belated stage it is absolutely unjustified to reject the claim on a lame excuse .It is mere harassment to service provider in order to deprive him of his due labour charges .The sincere and dedicated service provider has already spent a huge amount for operating the patient and		

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							karing him postoperative also . There for it is requested to set aside the rejection and ordered to pay .		

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1	2	3	4	5	6	7	8	9	10
25	T2404196313437	2019/119686	19030115A - 00	18000	Istigar Khan	This package included in 29060047A hence rejected7	This is to certify that patient Mr. Istigar Khan,45 years,male, was suffering from L5-S1 disc extrusion with lumbar canal stenosis . A) As per definition A laminectomy is a surgical procedure that removes a portion of the vertebral bone called the lamina B) As per definition Discectomy is the surgical removal of part or all of a vertebral disc that has herniated. The two procedures can be done separately without performing any of the other surgery.For example,discectomy can be performed without removing any part of lamina and vice versa.Furthermore,each of these packages have independent indications. For this patient Mr Mr. Istigar Khan,45 years,male, both	Rightly Rejected	rightly rejected as per documents the package not justified

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							surgeries/packages were performed. In view of significant ligamentum flavum hypertrophy between L5/S1 level causing neural compression from posterior aspect,laminectomy is always mandatory for neural decompression in such cases to relieve this compression to avoid a situation of failed back syndrome.		

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1	2	3	4	5	6	7	8	9	10
26	T0512198770928	2019/151176	19030012A - 00	15000	Laxmi Narayan	Show Cause Notice for De-empanelment issued to your hospital on 04.12.2019 Hence Claims Rejected. 7	1. That the above noted claim package was rejected with the remark “Show cause notice for de-empanelment issued to your hospital on 04/12/2019 hence claims rejected” which is itself wrong and illegal. 2. That we would like to confirm you that we had received the show cause on 05/12/2019 at 1:31 pm on mail while patient was admitted on 05/12/2019 at 10:49 am. 3. That the allegation which was served on Hospital administration was detailed replied and set asided. (Copy of letter attached). 4. That patient was operated successfully and all the documents uploaded correctly. 5. Therefore it’s a kind request reopen and pay.	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
27	T1101195337013	2019/102934	29060015A - 00	24200	Nirma Gurjar	Meningocele - Lumbar and Spina Bifida Repair OR TCS both pkg are included in Spinal Surgery - Syringomyelia and both are on same site hence rejected7	Justification for Meningocele-Lumbar (29060011 A) and Spina Bifida Repair or TCS (29060015 A) In this particular claim Packed Cell Per Unit and Spinal Surgery –Syringomylia (29060030 A) and Flap Surgeries –Myocutaneous Flap or Muscle or Fasciocutaneous Flap have been rightly approved and two above noted packages wrongly and illegally rejected with the claim package remark “Meningocele-Lumbar and Spina Bifida Repair or TCS both pkg are included in spinal surgery. Syringomyella and both are on same site hence rejected”It is wrong to suggest that Excision of Lumbar Meningocele and TCS are included in Spinal Surgery –Syringomylia (29060030 A).	Rightly Rejected	rightly rejected as per documents the package not justified

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							Similarly Syringomylia and TCS are included in each other and are to be performed both on same site. The real fact is that the MRI findings which are being reproduced “Posterior vertebral body elements and overlying soft tissue defect are seen to extending from S2 to S4 Levels. Overlying skin defect visualized. A Large CSF Containing sac is herniating through the posterior spinal defect along with the nerve roots. Visualized distal cord is low lying with small syrinx. Thus The MRI study reveals Open sacral Spinal dysraphism with meningocele and low lying tethered cord and small syrinx ”. From the observation of MRI it is clear that the Soft tissue defect was extending from S2 to S4 level. It is further clear from OT		

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							Notes that by an incision along the meningocele sac it was dissected from surrounding healthy skin The Terminal part of the cord was coming in the sac and was adherent to its wall. Which was separated from the Meningocele wall and Meningocele excised then Dethreathing of the cord was performed. Next, the terminal part of the cord was sutured to make a round end to prevent furtheradhesions. In the Next procedure of surgery the syrinx was identified and shringosteomy performed. In another procedure duroplasty was performed to cover the cord and its nerve roots. Further more a rotational myocutaneous flap taken to cover the skin defect harvested from right side and rotated to the mid line to cover the skin defect. As		

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							suggested by Anesthetist the external ventricular drain was not placed. Now considering the MRI findings and surgical procedures adopted in a sequence by Sr. Most Neuro surgeon Like Dr. Rakesh Kr. Sharma it is crystal clear that the Surgical Procedures adopted above are entirely at different levels of spine with different indications. All the procedures are separate and different from each other. Procedure of Duroplasty which was also performed required a separate package which has not been claimed. It is worthwhile to mention that Pre auth queries raised by Analyser were adequately replied and Pre Auth approval was rightly obtained. Now it can be safely argued that the two rejected packages are not		

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							included in any other procedure and deserve to be approved and paid. Hence requested to set aside the rejection and order to open and pay.		

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28	T1806196903526	2019/128663	19030043A - 00	18000	Rajendr Kumarbairawa	pre op xray is not provided hence rejected7	This is to certify that patient Rajendra Kumar Bairwa,51 years,male, was suffering from Right proximal femur comminuted fracture. Rejection of package 'Fracture Proximal femur internal fixation' is unjustified.NIA during claim review cited 'Pre op xray is not provided hence rejected'. The pre op xray was uploaded on your official portal as per standard query guidelines(minimum document protocol). The pre op xray was dated 13/06/2019 and it clearly showed the site of fracture on right proximal femur.Patient had past surgical history of Left sided femur nailing for which recovery was uneventful. Phemister grafting of gap defect of fracture site was done since this was an unstable variant	Reopen & Pay	As per provided x-ray and clinical photo package justified

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							and such untreated gap defect has high risk of implant failure if not treated properly.Phemister bone grafting with petalling was performed in this case to stimulate early callus formation so that patient can be mobilized early without any fear of failure of fixation.		

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29	T0709197823651	2019/138278	29050041A - 00	150000	Barfi	hospital not provide CT report in support of blocked package hence Rejected 7	A. That The above noted claim package was rejected with the claim package remark “CT Report was not provided hence rejected” which is itself wrong , illegal itself. B. That the above noted patient was admitted in this Hospital under BSBY Scheme on dated 05/09/2019 with the Chief Complaints of K/C/O CA Cervix , C/O Hematuria , Swelling Lump Present on Hypogastrium Region , Decreased frequency of Micturation , Retension of Urine. C. The Case related Doctor Fully examined the Patient advised to admit on the Basis of Histopathology report dated 03/09/2019 in which Diagnosis was clearly mentioned that Low Grade , Papillary Urothelial Carcinoma involves lamina Propria.	Reopen & Pay	PACKAGE JUSTIFIED ; CT REPORT UPLOADED UNDER PREVIOUS TID ; HPE REPORT PROVIDED.

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							Moreover Microscopic Description was Shows a Tumor Composed with recognizable variation of Cytologic and architectural features. There is a loss of cellular polarity, random distribution of cell in urothelium. Loss of linear perpendicular orientation to basement membrane. Tumor cells are seen displaying mild to focal moderatenuclear pleomorphism and few mitoses. Involves lamina propria , muscularis propria. Looking into this report patient was operated successfully. D. That Diagnosis was made on the basis of HPE Report. E. That a Claim query which was raised for providing CT report & final diagnosis & detail OT notes which was also replied in adequate		

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1	2	3	4	5	6	7	8	9	10
							manner. F. That The Post Operative Biopsy dated 09/09/2019 having all the details that we had operated the patient for same. G. That CT was not done due to saving the patient from unnecessary financial Loss and unnecessary radiation. Moreover MRI Pelvis was available with the patient but demand was only for CT that's why MRI Pelvis was not provided. H. That The Insurance Company Must raised a Pre auth query for providing CT Report if he really needed. I. That at this belated stage Hospital Administration was unable to provide CT Report while the patient was already been discharged. J. That what was the benefit while related consultant had already been confirmed diagnosis		

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							by HPE report and MRI Pelvis. K. That MRI Pelvis report dated 30/08/2019 is available and No need of CT Report. The all facts can be verified by Looking into MRI Pelvis Report. L. That Insurance company cannot reject the claim package at this belated stage and Hospital Administration unable to face this huge financial loss Rs. 150000/- . M. Therefore requested to reopen and pay. Thanking You,		

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30	T0907197143381	2019/134179	29130006A - 00	35000	pinki varma	hospital not provided clinical photo post operative and donor site clinical photo hence rejected 7	The above noted patient was admitted in this Hospital under BSBY Scheme on dated 07 July 2019 and package blocked : A. Flap Surgeries –Myocutaneous Flap (29130006 A) B. Implant Removal-Minor (19030122 A) A. That in this particular case out of two one was rejected with the claim package remark “Hospital not provide Clinical Photo post operative and donor site clinical photo hence rejected” which is itself wrong , illegal. B. That above noted patient was suffering from Right foot deformity with scar contracture with implant in situ. C. That a flap by definition is a vascularised piece of tissue that remains attached to its donor blood supply. In this case , we did a	Reopen & Pay	PACKAGE JUSTIFIED AS PER CLINICAL PHOTO

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							perforator based advancement flap which falls under the category of random flaps with donor blood supply from septocutaneous vascular perforators and was non islanded. Furthermore the content of vascularised piece of tissue was fasciocutaneous that is that is the flap included skin, subcutaneous tissue and underlying fascia. D. That as per text book definition of local fasciocutaneous flap : Tissue transferred from contiquous anatomic site i.e. from adjacent to soft tissue defect is referred to as a local flap. E. That since in this case , we did a local advancement fasciocutaneous flap , the donor site is adjacent to soft tissue defect. Clinical photograph of Flap		

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							along with adjacent donor site is being sent to substantiate the surgical package claimed. In this patient , there was a scar contracture over anterolateral aspect of Right ankle which was restricting movements at ankle joint and contributing to residual deformity. We had to do wide scar contracture excision which created a soft tissue defect that had to be managed by local advancement fasciocutaneous flap. The uploaded clinical photo clearly shows the harvested flap with dissected vascular pedicle seen. F. That at this belated stage it is wrong to reject while the service provider had already been spent a huge amount Rs. 35000/- and service provider unable to bear this huge financial loss Rs. 35000/- G. Therefore		

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							requested to reopen the claim and pay.		

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1	2	3	4	5	6	7	8	9	10
31	T0907197140710	2019/135567	29160120A - 00	3500	Suman	HPE Report not provided.7	JUSTIFICATION REGARDING HPE REPORT : A. That the above noted claim was rejected with the claim package remark “HPE report provided” which is itself wrong and illegal. B. That the above noted patient was admitted for 5th chemotherapy with above noted TID and in ward he was cured very well. C. That Hospital Administration had already been previously submitted HPE report in first and second chemotherapy. D. That Insurance company cannot reject any claim without raising query. This is against the rules , Guidelines and Law. E. That the service provider unable to bear this huge financial loss Rs. 5500/- report. Therefore requested to reopen and pay.	Reopen & Pay	PACKAGE JUSTIFIED HPE REPORT SUBMITTED UNDER TID NO. T0409197782596

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1	2	3	4	5	6	7	8	9	10
32	T1201195343725	2019/100146	19010148A - 00	10000	Sita Ram Meena	included in above package 7	This is to certify that Patient Sita Ram Meena,67 years old/male, was indicated to undergo lumar sympathectomy and thromboembolectomy on basis of lower limb CT angiography,intraoperative findings and clinical symptoms.The patient is suffering from right peripheral vascular disease with critical limb ischaemia.This patient was indicated to undergo lumbar sympathectomy and thromboembolectomy in addition to reconstructive lower limb surgery of diabetic foot on basis of clinical chief complaints{muscle pain on mild exertion in the right calf muscle, which occurs during exercise, such as walking, and is relieved by a short period of rest};abnormal right ankle brachial index	Reopen & Pay	package justified as per ot notes and mri report

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							and CT angiography. 'Lumbar sympathectomy' is done after incising the abdominal wall hence it cannot be a part of lower limb reconstructive surgery.Similarly,thromboembolectomy was done to restore vascular perfusion and hence it was blocked as a different surgical procedure. Surgical steps and Goals/aim of the surgical procedure are entirely different for the two aforementioned packages.		

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33	T2102195712531	2019/109139	19030071A - 00	18000	Lila Ram	this package is included in above package code 29030023A-00 7	Justification for Sequestrectomy of Long Bone : In this particular claim four packages were blocked. Out of these Sequestrectomy has been wrongly and illegally rejected with the claim package remark “This package is include in above package code 29030023 A”. It is wrong to suggest that sequestrectomy is included in implant removal, where as both the orthopedic procedures are entirely different and separate. Both procedures adopted with different and separate indications. A Pre auth query was raised by analyzer and adequately replied. The indications of all the four claimed packages were defined and explained by service provider to reproduce the same. “Patient Lila Ram ,	Rightly Rejected	rightly rejected as per documents the package not justified

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							41 Yrs/Male is suffering from right infective non union tibial fracture with shortening of 25 mm with implant insitu with sequestrum with infective Non union of Right humerus with acromion impingement and accessory bone formation. Exact Indication for Both package : Sequestrectomy : Sequestrum is clearly noted in the pre operative X Ray as a radiodense free cortical piece lying within a relatively radiolucent cavity at fracture site of humerus and tibia. This sequestrum was a result of subclinical infection that was allowing the fracture to consolidate in routine time. Hence sequestrectomy is indicated to eradicate the foci of this subclinical infection and allow		

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							fracture healing. If sequestrum was left in place then it would have led to failure of intravenous antibiotic therapy and further dissemination of infection to surrounding bone. Then it becomes extremely difficult to cure established bone infection and amputation to treat such infection becomes a grim but a real possibility. Implant Removal Major – After sequestrectomy , we will perform removal of implant to eradicate the foci of infection. If the Implant is left insitu as such and not removed then it will cause pyogenic infection resulting in pyogenic abscess which is a very serious complication and difficult to treat. In view of above discussion ethical indicated surgery was planned and under taken in two		

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							different sittings on 18/02/2019 and 21/02/2019 respectively. From the OT notes also it is very clear that both procedures of sequestrectomy and implant removal were successfully adopted separately. To further justify the grounds of appeal the Relevant part of OT notes dated 18/02/2019 are being reproduced. “Next Incision taken over proximal tibia of a sequestrum was identified as dead avascular , sclerotic , cortical piece of bone lying loose within infected granulation tissue surrounding by inflammating exudates, Sequestrectomy (Long Bone) is then done using alis forceps. Followed by Implant Removal (Tibia, IM/ILN) in standard fashion. Sterile dressing done”.		

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							In view of all the above discussion the authenticity of grounds of appeal has been proved beyond any shadow of doubt. Hence requested to Open and Pay when a valid preauth approval was already obtained.		

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34	T0907197140710	2019/135568	29160122A - 00	2000	Suman	HPE Report not provided.7	JUSTIFICATION REGARDING HPE REPORT : A. That the above noted claim was rejected with the claim package remark “HPE report provided” which is itself wrong and illegal. B. That the above noted patient was admitted for 5th chemotherapy with above noted TID and in ward he was cured very well. C. That Hospital Administration had already been previously submitted HPE report in first and second chemotherapy. D. That Insurance company cannot reject any claim without raising query. This is against the rules , Guidelines and Law. E. That the service provider unable to bear this huge financial loss Rs. 5500/- report. Therefore requested to reopen and pay.	Reopen & Pay	PACKAGE JUSTIFIED HPE REPORT SUBMITTED UNDER TID NO. T0409197782596

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35	T2102195706446	2019/109636	29170073A - 00	4800	ramjilal	Blocked pkg belongs to surgical oncology & as per enclosed documents case is not pertaining to Carcinoma, hence rejected.7	In this particular claim palliative surgery-Tracheosto my has been wrongly and illegally rejected with the claim package remark “Blocked Pkg Belongs to Surgical oncology and as per enclosed documents case is not pertaining to carcinoma, hence rejected” It is wrong to suggest that Trachesotomy is indicated and performed only in surgical oncological cases. The real fact is that Tracheostomy has an entirely different and separate indication from Craniotomy. It has to be performed to provide better ventilation to a critical patient when oral intubation failed or it is no more effective in providing the proper saturation of oxygen. In this particular patient also	Rightly Rejected	rightly rejected as per documents the package not justified

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							Tracheostomy was performed on 21/02/2019 under informed consent of his brother Shyobhag. It was performed under Local Anaesthesia in OT due to difficult intubation and reduced mouth opening. The proper steps of Tracheostomy have been adequately recorded by the operating Neuro Surgeon Dr. Rakesh Kumar Sharma. Under these circumstances it is unjustified to reject the above noted claim and deprive the sincere and dedicated service provider of his due labour. Therefore requested to set aside the rejection and order to pay.		

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36	T2603196020894	2019/119593	29210004A - 00	15000	Vinod Kumar	CORRECT MOBILE NO. OF PATIENT NOT PROVIDED BY HOSPITAL.....& PACKAGE NOT JUSTIFIED7	JUSTIFICATION FOR CORRECT MOBILE NO. In this Particular Case, Claim Package was rejected with the Claim Package Remark “Correct Mobile No. of Patient not provided by Hospital && Package Not Justified” which is wrong , illegal and baseless itself. At the Time of Claim Submission or discharge all the necessary documents were adequately uploaded including satisfaction form in which mobile no already mentioned. You may call on that Mobile No Pt. Vinod kumar is talking. JUSTIFICATION FOR THE PACKAGE : In The Medical Science We all of Know every patient	Reopen & Pay	justified as per uploded investigations.

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							cured on the basis of Medical Reports but sometimes it happens that reports are normal but symptoms indicate for Some Particular disease. As we all are aware that the above noted patient was admitted in Seizure disorder package but the reports like EEG, CT Brain were normal and same were uploaded but the patient was treated on the basis of OPD Reports. The Biochemistry Report and Symptoms of patient's was indicating for Dyselectrolytemia. The fact's can be verified looking into the OPD Report in which Sodium -120 (Low), Potassium-2.9 , Chloride-110 mentioned. The Meaning of this		

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							disease Chronic obstructive pulmonary diseases with acute exacerbation Chronic Obstructive Pulmonary Disease (COPD). The Symptoms of this disease irregular heartbeat, fast heart rate, fatigue, lethargy, convulsions or seizures, nausea, vomiting, diarrhea or constipation. Moreover in this particular case related Neuro Physician Mentioned his findings on the case file Follow Up Case of Seizure Disorder, Pt. had a history of Seizure disorder, Abnormal Body Movement, Unconscious , Vomiting Multiple episodes, Generalized Weakness etc. Looking into the Symptoms of the Patient , Neuro Physician advice , Biochemistry OPD		

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							Reports above noted package Seizure disorder was ethically blocked. Moreover the service provider unable to face this huge financial Loss therefore requested to reopen and pay.		

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37	T0103195784300	2019/111177	29100008A - 00	35000	ghaasi nayak	as per provided docs , package not justified 7	Name of the Patient : GHAASI NAYAK IPD NO :41901 AGE :71 YRS TID No. T0103195784300 Dear Sir/Madam, The above noted patient was admitted in this Hospital under BSBY scheme on dated 22 FEB 2019 AND Date Of DEATH -03/03/2019 AT 06:00pm and package blocked : A. PACKED CELLS PER UNIT-ONE UNIT B. PACKED CELLS PER UNIT-ONE UNIT C. ACUTE RESPIRATORY FAILURE (WITH VENTILATOR SUPPORT FOR MINIMUM 5DAYS) D. PNEUMOTHORAX (WITH ICDT) E. REFRACTORY CARDIAC FAILULRE . Grounds for Appeal A. Out of The above noted packages – 1- PACKED CELLS PER UNIT-ONE	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							UNIT . 2- ACUTE RESPIRATORY FAILURE (WITH VENTILATOR SUPPORT FOR MINIMUM 5DAYSHAVE BEEN WRONGLY AND ILLEGALLY REJECTED WITH PACKAGE REMARKS . -BT STICKER NOT PROVIDED HENCE REJECTED , -AS PER PROVIDED DOCS ,PACKAGES NOT JUSTIFIED . 2- ACUTE RESPIRATORY FAILURE (WITH VENTILATOR SUPPORT FOR MINIMUM 5DAYS) has also been rejected with the package claim as per provided docs ,package not justified . It is not justified to reject an ethically blocked package while the preauth query raised regarding the indications was		

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							replied adequately, where in the detailed indications for blocking the package acute respiratory failure were described .To repeat the same “on 25/02/2019 patient had sudden respiratory distress and he detoriated for which patient was intubated and put on ventilator support and package revised to acute respiratory failure . ABG SHOWS :- PH -7.20 PCO2 -59MMHG PO2-127 MMHG HCO3-22.2 MM /L Which s/o respiratory acidosis that’s why the above noted pkg has been ethically blocked. CHEST X-RAY REPORT –LEFT PLEURAL EFFUSION RIGHT MID ZONE PNEUMONITIS CARDIOMEGALY IS SEEN . Under these circumstances package of acute		

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							respiratory failure was rightly blocked and properly replied under query for its indications .Now at this belated stage when the patient has already expired it is unjustified to reject the claim after preauth approval .This act of claim analyzer amounts to mere harassment of service provider just to deprive him of huge amount of rupees 35000 without any deficiency in service . There fore requested to set aside the rejection an order to pay .		

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38	T2512185184118	2019/105940	19030115A - 00	18000	Pankaj Kumar Jatav	included with above packages 7	Patient name: Mr Pankaj Kumar Appeal reply to 'Laminectomy included in above packages' : In this case,laminectomy was done at multiple levels in addition to 'Syringomyelia' and 'Spina bifida repair' surgeries.Both dorsal and lumbar laminectomy were performed for different indications which are not covered in 'Syringomyelia' and 'Spina bifida repair' surgery package codes.	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
39	T2704196344442	2019/119683	29010045A - 00	31500	Prem Devi	As per provided USG report this package not justified hence rejected . 7	Justification for Pancreas-Distal Pancreatectomy (29010045 A): In this particular case claim package was rejected with the Claim package remark “As Per Hospital Provided USG Report this package not justified Hence Rejected” which is wrong , Illegal or baseless. While facts are some different in this case. USG Report shows : Splenic Contusion with Mild Hemoperitoneum which was already uploaded. CECT Scan of Whole Abdomen shows : Focal Spleen Laceration with Hemoperitoneum with Laceration of Body and Tail of Pancreas with Hematoma. Operative Findings :	Reopen & Pay	package justified as per uploaded intraoperative findings.

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1	2	3	4	5	6	7	8	9	10
							Lacerated wound on Lower pole's of Body of Spleen's. Lacerated wound on Distal Pancreas. A Large Amount of Blood Present in Peritoneal Cavity ~500 ml to 700 ml. Due to Hemoperitoneum USG Findings may Miss the Diagnosis and Laceration in Pancreatic Tail and Body. As we Know Abdomen is a Magic Box we confirm final diagnosis only after Exploration. So Kindly consider the Operating Findings and CECT Abdomen Report. Looking in to the above noted facts Distal Pancreas ethically blocked. The Service Provider unable to face this huge financial loss therefore, we would like to request for reopen and pay.		

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40	T1602195665207	2019/109838	29130006A - 00	35000	Rud Mal	As per provide document post op. clinical photo not provide by hospital hence Rejected 7	This package has been rejected for not providing post operative clinical photo. At the time of pre auth query for indications of Flap surgery pre operative Clinical Photo was uploaded which can be visualized on the software file. The post operative clinical photo was neither queried by claim analyzer nor was any reminder placed. It is wrong to reject the claim directly without raising a claim query and a reminder for the same. It is very much clear in the guidelines of BSBY for rejection of the claim. Hence requested to set aside this rejection also and order to pay.	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
41	T1207197176543	2019/132549	19030115A - 00	18000	Phata	included with above packages7	JUSTIFICATION FOR DISCECTOMY LUMBER AND LAMINECTOMY :- A. That in this particular case out of three , two were rejected with the claim package remark “Include with above package ” which is itself wrong and illegal. B. That a Pre auth query was raised for providing provide detail surgical plan, indication, past treatment record, mri report which was also replied adequately. C. That as Per MRI report of Lumbo Sacral Spine shows paradiscal Marrow edema, swelling of end plates and surfaces are seen in L5 and S1 vertebra associated with disc for which Laminectomy should be needed. D. That there was an epidural mass seen on Right side extending from upper Body of L5 to	Rightly Rejected	rightly rejected as per documents the package not justified

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							S1 for which excision of mass be needed. E. That Mild disc bulges along with facetal joint arthropathy causing mild bilateral lateral recess stenosis for which discectomy should have been done. F. All the facts can be verified by looking into OT Notes and MRI report which was already uploaded on software portal. G. That the service provider ethically blocked the package on the evaluation of patient and MRI Report and Performed the procedure after proper approval. Therefore requested to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
42	T0508197447129	2019/132224	19010106A - 00	13000	Bajrang	This package included in 19010018A hence rejected7	A. In this particular case out of out of there one was wrongly and illegally rejected with the claim package remark “This package include in 19010018 A” B. That a claim query was raised for kindly provide indication for blocking 19010106A with 19010018A which was also adequately replied. C. That in this particular case in order to reach abscess cavity the omento parietal adhesions had to be broken down otherwise the adhesions might have led to anticipated intestinal obstruction in future. D. That Both the package are separate and different , all the facts can be verified by looking into the OT notes which was already uploaded on software portal. E. That The Insurance company wrongly reject the claim package to hurrahs the service provider therefore requested to reopen and pay.	Rightly Rejected	rightly rejected as per documents the package not justified

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43	T0206196732385	2019/122826	29060060A - 00	85000	Gyarsi Devi	As per OT notes and provided documents Neurosurgery - Nerve Decompression done in this case , hence payable 150007	The above noted patient was admitted in this Hospital under BSBY Scheme on dated 02/06/2019 and package blocked : A. Minimal Invasive Spinal Surgery (29060060 A) In this particular case the total cost of package was 85000/- while the insurance company only paid 15000/- with the claim package remark “As per OT Notes and Provided documents Neuro Surgery-Nerve Decompression done in this case Hence payable 15000/- only” which is wrong , illegal or baseless itself. In this particular case the ultimate aim of spine surgery is to decompress the nerve or to prevent it from compression. A Spine surgeon first learns the traditional	Reopen & Pay	Kindly reopen and pay the difference amount as documents this package is justified

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1	2	3	4	5	6	7	8	9	10
							technique of nerve decompression in his training period. Furthermore , he trains himself with most advance technique of nerve decompression with time for maximum benefits of the patient. These techniques with the ultimate aim of nerve decompression include investment for specialized instruments like endoscope tubular retractor system. The difference lies in technique & approach. In minimal invasive spine surgery, ultimate goal is still nerve decompression but approach is different. That's why the package is high and aim is to decompress in carpal tunnel syndrome (done in regional anaesthesia, with nerve decompression in spine surgery with the use of		

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							specialized instruments to minimize the access related soft tissue damage). If you consider this equally same then there is no need of minimal invasive spine surgery package in BSBY. In above mentioned case we used tubular retractor system with only 1.5-2 cms incision. It cost around 6-8 lacs. The procedure needs presence of microscope (> 50 lacs), high speed drill (15-20 lacs) other then the specialized retractor system. So approving only 15000 Rs. for such surgery is not at all justified. Therefore requested to reopen the claim and pay remained amount.		

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1	2	3	4	5	6	7	8	9	10
44	T2701195470499	2019/100664	19030065A - 00	10000	Robin Khan	included with 29030001A-00 7	The above noted patient was admitted in this Hospital under BSBY Scheme on dated 22/01/2019 and package blocked : A. Fracture Proximal Femur-Internal Fixation (19030043 A) B. Open Reduction with Phemister Grafting (19030065 A) C. Packed Cell Per Unit (19100008 A) D. Bone Tumor –Excision (Long Bone)-29030001 A Justification for Open Reduction with Phemister Grafting : The above noted package was rejected with the claim package remark “Include in 29030001 A” which is illegal and wrong itself while the real fact is that Wide Marginal Excision of Bone tumor was done followed by Reconstruction of Cavity, after excision with injectable Paste	Rightly Rejected	rightly rejected as per documents the package not justified

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1	2	3	4	5	6	7	8	9	10
							of Calcium phosphate , Nano particles , corticocancellous chips, harvested from ipsilateral Iliac Creast. Hence Bone tumor excision and Bone Grafting is separate and different procedures. The facts can be verified by looking into the OT notes and Photo which was uploaded at the time of discharge or claim submission. The service provider is unable to bear this huge financial loss therefore we would like to request for reopen and pay.		

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45	T0108197407100	2019/132225	29060046A - 00	29800	ramesh saini	part of this 29060053A package hence rejected7	A. That in this particular case out of two one was rejected with the claim package remark “Part of this 29060053 A” which is wrong , illegal itself. B. That Patient was admitted with the complaints of Neck pain with left upper limb pain , Numbness in left upper limb , pain with stiffness in left upper limb since 3 years which was progressive in nature. C. That On Examination Pain in neck, Numbness in left upper limb, Cervical Rom Restricted. D. That Radiological Investigation were done in the form of MRI Cervical Spine (Dated 30/07/2019) which was suggestive of Mild Spondylotic Changes, Mild Disc Bulge C4-C5 Level causing moderate narrowing of bilateral	Rightly Rejected	rightly rejected as per documents the package not justified

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							Neural Foramina. Diffuse disc bulge at C5-C6 Level causing moderate narrowing of bilateral neural foramina. On the basis of Clinical and Radiological evaluation he was diagnosed as PIVD C5-C6 with radiculopathy and advised for E. Spinal Surgery : - Excision of Cervical Intervertebral Disc as Clinically he had weakness , numbness and Pain in Neck && Upper Limb & also in MRI of Cervical spine there is diffuse disc bulge at C5-C6 level. Excision of disc recommended and thus excision of C5-C6 disc done for decompression. F. Spine Fixation is done as there is spondylotic changes and to provide stability And in cervical spine fixation we can use stand cage safely to		

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							fix the spinal column. G. That both the above noted package is different from one together. H. Moreover a Pre auth query was raised for providing Presenting complain with indication for blocked PKG & history of complaint & detailed plan of management required with MRI/CT scan report which was adequately replied and procedures are performed after approval. I. That at this belated stage it is wrong to reject while service provider already spent a huge amount Rs. 29800/- J. Therefore requested to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
46	T1712185109347	2019/093771	19030115A - 00	18000	Sunita Devi Jain	included in above package7	Dear Sir, The above noted patient was admitted in this Hospital under BSBY Scheme on dated 17 Dec 2018 and finally package blocked : A. Laminectomy (19030115 A) B. Trans Lumber Inter Body Fusion (29060059 A) In this Particular Case out of two , one was illegally and wrongly rejected with the claim package remark “INCLUDE IN ABOVE PACKAGE” while L4 Laminectomy and L4-L5 discectomy and Trans Lumber Inter Body Fusion was done while S1 Laminectomy was done to decompress S1 Nerve Roots and Micro Foraminotomy. Hence the S1 Laminectomy not the part of L4-L5 discectomy and Trans Lumber Inter Body Fusion.Next, The Insurance Company overruled the BSBY Guidelines/	Rightly Rejected	rightly rejected as per documents the package not justified

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							Protocols , As per BSBY Guidelines a Claim query must arise before rejecting the claim package but the Insurance Company neither arise a claim Package query before reject nor remind any one or two which is illegal itself. More over Procedure was performed after sanctioned Pre Auth from Insurance Company. The service provider spent a Huge amount Rs. 18000/- on this procedure (Laminectomy) and unable to bear this huge financial Loss. Therefore we would like to request for reopen and pay. Dr. R S Mittal HOD SMS Spine		

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47	T0105196383338	2019/119818	19010053A - 00	15000	Ramjilal Sharma	THIS PACKAGE INCLUDING ABOVE PACKAGE , HENCE REJECTED7	Justification for Intestinal Obstruction (19010053 A) In this particular case out of two one (Intestinal Obstruction-19010053 A) was rejected with the claim package remark “This package including above package hence rejected” which is wrong , illegal or baseless. In this particular case Pt. was admitted in Hospital with complaints of Pain, Abdomen , Abdominal Distension , Vomiting on examination Generalized Tenderness. We did Exploratory Laprotomy for Intestinal Obstruction. In Operative findings Multiple Dense Adhesion of Small Intestine and Omentum and Large band to Obstruct the	Rightly Rejected	rightly rejected as per documents the package not justified

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							Small Intestine and Leads to Intestinal Obstruction and then Leads to Impending Gangrene. So We planned two Procedures : Intestinal Obstruction in which all adhesions and bands were removed and another procedure was also done Intestinal Perforation because of Impending Gangrene of Small Intestinal So we did two procedure. 1. Intestinal Obstruction 2. Intestinal Perforation The service provider unable to bear this huge financial loss of Rs. 15000/- therefore requested to reopen and pay.		

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48	T0807197131795	2019/134180	19030040A - 00	12000	Sanjay Choudhary	hospital not provided clinical photo hence rejected 7	This is to certify that patient Sanjay Choudhary,16 years/male,was suffering from right leg impending compartment syndrome with tibia shaft fracture. Query Reply to 'Hospital did not provide post fasciotomy clinical photo' o As per sent,O.T. procedure notes,Incision was made over lateral aspect of leg in longitudinal fashion.Subcutaneous bleeders were identified and coagulated with electrocautery.The fascia over the leg compartment was identified and an H shaped incision was made through the fascia to decompress the elevated intracompartmental pressure.After fascial release,the underlying muscles bulged out of the surgical wound.The	Reopen & Pay	PACKAGE JUSTIFIED AS PER OT NOTES AND CLINICAL FINDINGS.

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							muscles were inspected for viability.Some muscles of questionable viability was debrided with no.10 blade in tangential manner until bleeding margins were obtained.This incision over lateral aspect of leg was not a part of routine surgical steps employed for Closed interlocking intramedullary nailing of tibia. In this case,the post-operative photo taken with patient's face clearly shows the fasciotomy incision with muscles bulging out of the wound.The fasciotomy procedure was done as per textbook technique and a standard single incision fasciotomy technique was employed.		

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49	T0903195862102	2019/109162	29050036A - 00	30000	Anil Kumar Saini	both the procedure meant for same diagnosis hence payable for 1 package 7	The above noted patient was admitted in this Hospital under BSBY scheme on dated 07 March 2019 and package blocked : A. DJ Stent (One Side)-29050011 A B. Open Ureterocalicostomy (29050025 A) C. Open Ureterolysis (29050036 A) In this patient package of Open Ureterolysis has been wrongly and illegally rejected with the package remark “Both the Procedure meant for same diagnosis hence payable for 1 Package ”. It is wrong to suggest that the both above noted procedures are meant for same diagnosis. The real fact is that both urological procedures have different indications and are performed separately` and differently. A Pre	Rightly Rejected	rightly rejected as per documents the package not justified

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							auth query raised earlier regarding indications for both procedures had been replied adequately and approval was obtained. To justify the grounds of appeal it will be relevant to quote few words from text book on urology Ureterocalicostomy is a procedure used to anastmose proximal ureter to the lower calyceal system which is exposed extra peritonialy. In order to bypass severe peri-pelvic fibrosis with a ureteropelvic junction obstruction or a long proximal ureteral stricture whereas in ureterolysis the ureter is freed from scar tissue at the back of abdomen to relieve the blockage and restore urine drainage from the kidneys. An extra procedure to do the anastmosis has		

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							been performed. Both these procedures were ethically and separately adopted by the operating surgeon and adequate observations have been recorded in the OT notes which is already present on the software file of the patient. Therefore no need to reproduce the same just to save the repetition. Hence requested to set aside the rejection and order to pay.		

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50	T1207197176543	2019/132550	29060047A - 00	24800	Phata	included with above packages7	JUSTIFICATION FOR DISCECTOMY LUMBER AND LAMINECTOMY :- A. That in this particular case out of three , two were rejected with the claim package remark “Include with above package ” which is itself wrong and illegal. B. That a Pre auth query was raised for providing provide detail surgical plan, indication, past treatment record, mri report which was also replied adequately. C. That as Per MRI report of Lumbo Sacral Spine shows paradiscal Marrow edema, swelling of end plates and surfaces are seen in L5 and S1 vertebra associated with disc for which Laminectomy should be needed. D. That there was an epidural mass seen on Right side extending from upper Body of L5 to	Reopen & Pay	PACKAGE JUSTIFIED AS PER MRI REPORT AND OT NOTES

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							S1 for which excision of mass be needed. E. That Mild disc bulges along with facetal joint arthropathy causing mild bilateral lateral recess stenosis for which discectomy should have been done. F. All the facts can be verified by looking into OT Notes and MRI report which was already uploaded on software portal. G. That the service provider ethically blocked the package on the evaluation of patient and MRI Report and Performed the procedure after proper approval. Therefore requested to reopen and pay.		

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51	T0601195287815	2019/105939	29130002A - 00	42000	Ganga Devi	hospital select wrong pkg hence rejected7	This is to certify that patient Mrs ganga Devi, 67 years/female,was suffering from a wide spectrum of hip and knee deformities which required an extensive procedure. Reply to 'why 'Hip Region Surgery' pkg was not blocked' This patient had additional deformity of knee in form of 'external rotation deformity of the proximal tibia' with flexor contracture due to iliotibial tightness which cannot be justified under 'Hip region Surgery' package.Elliptical excision of ilio-tibial band with Z-plasty of ilio-tibial band was done to achieve soft tissue balancing of knee and correct the exisiting knee contracture.This step is clearly mentioned in the original operative note sheet. In addition,femur neck	Reopen & Pay	PACKAGE JUSTIFIED ; PATIENT HAS ADDITIONAL KNEE DEFORMITY.

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							corticotomy;adductor tenolysis followed by Z-lengthening of adductor tendons;anterior hip capsulotomy and ilio-psoas tendon Z-lengthening was done as part of the reconstructive lower limb surgery pkg. O.T. notes and Pre-op Clinical Photo to substantiate the surgical packages booked; is being sent along with this reply.		

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52	T1407197198366	2019/132230	29060017A - 00	30000	Hariman Meena	part of another blocked package 7	JUSTIFICATION FOR SPINAL TUMOR OR HAEMATOMA OR ABSCESS (29060017 A) A. That In this particular case out of two one was rejected with the claim package remark “part of another blocked package” which is itself wrong , illegal. B. That a Pre Auth query was raised for providing MRI report and indication & detailed treatment plan which was also adequately replied and after proper approval procedures were performed. C. That Patient was admitted with the complaints of Pain in Low Back while sitting and Lying down , Pain Increases and radiates to both Lower Limb since 45 days. D. That Radiological Investigation MRI of L S Spine S/O Intradural	Reopen & Pay	Additional Pacakge is justified as per OT notes and MRI report.

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							extramedullary mass at L4-L5 level. D/D Myxopapillary ependynoma. Size 11.7x16.0x31.0 mm E. That on the basis of clinical and Radiological evaluation patient was taken for surgery and L4-L5 Laminectomy was done, Dura Opened there was intradural tumour. Complete excision was achieved and Tomour tissue sent for HPE. F. That In view of instability caused by pathology, pedicle screw fixation was done. G. That the code which was rejected is not being justified as patient diaganosis was L4-L5 IDEM tumour (As Per MRI Film and Report) and excised tissue was sent for HPE. Biopsy report suggestive of Possibilities are Ancient Schwannoma, Low Grade Glioma. H. That Both the		

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							procedure are separate and different one together. Therefore requested to reopen and pay.		

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53	T2506196985501	2019/128665	19030062A - 00	20000	Narendra Saini	post op xray is not provided hence rejcted7	This is to certify that patient Narendra Saini,20 years,male, was suffering from left sided fracture of lateral condyle of tibia with ACL laxity. Rejection of package 'Open reduction and internal fixation' is unjustified.NIA during claim review cited 'Post op xray is not provided hence rejected'. The post op xray was uploaded on your official portal as per standard query guidelines(minimum document protocol). The post op xray was dated 29/06/2019 and it clearly shows the implant used to stabilize the lateral condyle of tibia fracture.(Endobutton construct is noted on post op xray to buttress the lateral condyle tibia fracture via pull out technique.) Furthermore,MRI report was sent during file upload process which clearly states 'Edema with fracture of lateral condyle of tibia is seen with laxity of ACL.'	Reopen & Pay	package justified as per x-ray and ot notes

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54	T1201195343725	2019/100147	29120082A - 00	20000	Sita Ram Meena	included in above package 7	This is to certify that Patient Sita Ram Meena,67 years old/male, was indicated to undergo lumar sympathectomy and thromboembolectomy on basis of lower limb CT angiography,intraoperative findings and clinical symptoms.The patient is suffering from right peripheral vascular disease with critical limb ischaemia.This patient was indicated to undergo lumbar sympathectomy and thromboembolectomy in addition to reconstructive lower limb surgery of diabetic foot on basis of clinical chief complaints{muscle pain on mild exertion in the right calf muscle, which occurs during exercise, such as walking, and is relieved by a short period of rest};abnormal right ankle brachial index	Rightly Rejected	rightly rejected as per documents the package not justified

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							and CT angiography. 'Lumbar sympathectomy' is done after incising the abdominal wall hence it cannot be a part of lower limb reconstructive surgery.Similarly,thromboembolectomy was done to restore vascular perfusion and hence it was blocked as a different surgical procedure. Surgical steps and Goals/aim of the surgical procedure are entirely different for the two aforementioned packages.		

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55	T1304182708364	2018/064569	19030117A - 00	20000	Purvansh Singh	as per rfp rules pt captured live photo not provided at admission and discharge time hence rejected 7	In this case the claim package has been wrongly and illegally rejected with the package remark "As per RFP Rules pt. Captured live photo not provided at the of admission and discharge hence rejected" the real fact is that live photo both at the time of admission and discharge were rightly provided and this fact can be verified by looking into the software file of the patient. Moreover it is unjustified to reject the claim after a long period of more than seven months keeping the claim pending for approval and reject without raising any query or explanation . This act of Insurance Company is mere excused to deprive and defraud the service provider of huge amt of Rs. 20000/- spent by him for providing care to the patient keeping	Rightly Rejected	already settled

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							all ethics, Rules and regulations in mind. It is a gross laps on the part of insurance company. Hence requested to reopen and pay.		

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56	T1806196903526	2019/128664	19030065A - 00	10000	Rajendr Kumarbairawa	pre op xray is not provided hence rejected7	This is to certify that patient Rajendra Kumar Bairwa,51 years,male, was suffering from Right proximal femur comminuted fracture. Rejection of package 'Fracture Proximal femur internal fixation' is unjustified.NIA during claim review cited 'Pre op xray is not provided hence rejected'. The pre op xray was uploaded on your official portal as per standard query guidelines(minimum document protocol). The pre op xray was dated 13/06/2019 and it clearly showed the site of fracture on right proximal femur.Patient had past surgical history of Left sided femur nailing for which recovery was uneventful. Phemister grafting of gap defect of fracture site was done since this was an unstable variant	Reopen & Pay	As per provided x-ray and clinical photo package justified

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							and such untreated gap defect has high risk of implant failure if not treated properly.Phemister bone grafting with petalling was performed in this case to stimulate early callus formation so that patient can be mobilized early without any fear of failure of fixation.		

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57	T1001195328763	2019/099123	29130006A - 00	35000	Rajesh Kumar	included in above package 7	It is wrong to suggest that both above packages are included in each other but the real fact is that both are entirely different and separate Orthopedic Micro Vascular Procedures and are performed differently with different indications and differently planned. The Reconstructive Micro surgery is indicated in case of Trauma or otherwise where the damage part of Body is Debrided and it is tried to reshape and rebuild the same with orthopedic Micro Vascular Procedure. The Flap surgeries is indicated and performed to cover the defect or protect the Reconstructed Part of damaged organ. In this particular case also the Patient suffered a Traumatic Injury while working on a Machine which resulted in avulsion and degloved injury	Reopen & Pay	PACKAGE JUSTIFIED ; OPERATED FOR DIFFERENT ANATOMICAL SITE.

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							of Left Hand Thumb with Soft Tissuee Defect and exposed muscles and tendon and Traumatic Amputation of Left hand Middle finger. The cut specimen of Fingers was preserved with Ice Pack and patient got treatment at Raj Hospital for first aid and referred to Higher Centers. He presented in this Hospital with Amputee stump and preserved cut fingers with Exposed Soft Tissue , Muscles and Tendons. Patient was thoroughly examined clinically and X Ray Left Hand was done. He was planned for Reconstructive Micro Surgery –Replantation of Left Hand Middle finger and Flap surgery for the Soft Tissue Defect and cover the exposed Muscles and tendons for left hand thumb. Same day he was operated under		

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							all Necessary Precautions and Measures. Preparation of Amputee Stump was done, Next Skeletal stabilization was achieved with stenmens pins. A 4-0 suture was passed through the Nail plate and the Amputee Stump was stabilized. On plastic suture carrier. The dissection and Isolation of Artery and Vein was carried out under the Microscope with assistant holding suture carrier. Oblique full thickness flap were raised on palmer and dorsal aspect and palmer vein were identified at subdermal level. Dorsal vein and arterial ends were dissected out and prepare for anastmosis. Nerve ends were identified and tagged. The large central artery was repaired using 10-0 nylon suture		

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							with 50 Micrometer length needle. The posterior wall suturing was done . first the repair continued anterior wall. The digital nerves ends easily approximated and repaired with 10-0 Nylon. Next , Soft Tissue coveres of Left Thumb was done with perforator based Non Islanded Faciocutaneos Groin Flap (Base on superficial circumfluex iliac Artery) . Care was taken to avoid kinking of the perforator where flap was being advanced. By going through the above noted OT Notes it is crystal clear that Both procedures were differently and separately performed and they were independently required to save the thumb and give proper shape to the Hand as the patient was very young and requirement of a		

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							healthy Hand was a dire necessity. Keeping in View all above pleadings it is clear that both the procedures were ethically indicated and the performed and the service provider deserves to pay.		

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58	T0906196802963	2019/122827	29060060A - 00	85000	Shani	payable as per the OT notes given and post op x ray 290600537	The above noted patient was admitted in this Hospital under BSBY Scheme on dated 09 June 2019 and package blocked : A. Minimal Invasive Spinal Surgery (29060060 A) A. In this particular case the claim package amount was Rs. 85000/- but the Insurance company paid 45000/- only with the claim package remark “Payable as per the OT Notes given and Post Op. X Ray 29060053 A” which is wrong, illegal or baseless itself. B. While the fact is a simple open spinal fixation procedure will include a long incision, stripping of back muscles, insertion of pedicle screws (Which cost around 2500-3000 Rs. / Screws)-Total 12000-13000 for four screws & two rods. This technique will	Rightly Rejected	rightly rejected as per documents the package not justified

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							cause increase post operative back pain due to iatrogenic muscles injury caused in exposure. Whereas when such fixation if feasible done percutaneously with specialized instrumentation (where each screws cost around 9000-10000-Total 36,000-40,000 for four screws & two rods). Then this should be considered different from above mentioned fixation due to following reason. A. Lesser post operative morbidity. B. Less intraop blood loss. C. Lesser surgical time. D. But increased cost. Patient can be discharged on next day after surgery. There is no package in BSBY such as Minimal Invasive spinal fixation hence minimal invasive		

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							spine surgery package was chosen. It is not justified to give same spinal fixation package for above mentioned surgery. Therefore requested to reopen and pay remaining amount Rs. 40,000/-		

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