F 008( ) Rejection Appeal-I 202 0 26 08 202

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F 008( ) Rejection Appeal-I 202 0 26 08 202

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 19/07/2021 को की गई, जिसमें निम्न व्यक्ति उपस्थित रहे:-

- Dr Vinita Dotania (vinitadotania @gmail com)
- RSHAA (raj rshaa@gov in)
- Dr Ojas Saini (dhrcjpr@gmail com)

बैठक में **DHANWANTRI HOSPITAL AND RESEARCH CENTRE-Jaip202** ने न्यू इंडिया एश्योरेंस कंपनी द्वारा गलत किए गए 12 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	4
2	Re-open & Query	1
3	Rightly Rejected	7

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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(JCEO RSHAA)

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Location:

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	T2912198961331	2020/176428	19010106A - 00	13000	RINKU KANWAR	apart of this surgery7	A. In this particular case out of two one was wrongly rejected with the claim package remark “Lap. Adhenolysis block with Lap. Chelecystectomy is not justified” which is itself wrong and illegal. B. That Laparoscopic adhesiolysis is a safe and effective management option for patients with prior abdominal surgery with chronic abdominal pain or recurrent bowel obstruction not attributed to other intraabdominal pathology.abdominal pain or recurrent bowel obstruction not attributed to other intraabdominal pathology while A laparoscopic (lap-a-ro- SKOPP-ik) or “lap” appendectomy is a minimally invasive surgery to remove the appendix through several small incisions, rather than through one large	Rightly Rejected	part of procedure hence rejected

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1	2	3	4	5	6	7	8	9	10
							one. Recovery time from the lap appendectomy is short. C. Both package are separate and different. Therefore it's a kind request to reopen and pay.		

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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
2	T30112010319272	2021/202262	29120029A - 00	15000	Galla Ram	package not justified as per the admission7	Patient galla ram 58 years chronic smoker, K/C/O – T2DM,CAD-CHF presented to us in emergency with sudden onset dyspnoea, chest pain, ghabhrahat, cough, diaphoresis with falling BP (probably cardio genic shock). Patient was shifted to MICU and urgently put on ventilator and ECG was done. ECG suggestive of new onset LBBB with CPK and CPK-MB, NT-proBNP raised and after stabilization patient was planned for thrombolysis and STK was loaded and given, that's why hightful package of Medical treatment of Acute MI with Thrombolysis (with Strepto OR Urokinase). Therefore requested to set aside this rejection , and order to reopen and pay.	Reopen & Pay	pkg justified hence reopen and pay

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1	2	3	4	5	6	7	8	9	10
3	T2912198964604	2020/176426	19010106A - 00	13000	Munni Begam	Laproscopic Adhesiolysis block with Laproscopic Cholecystectomy is not justified7	A. In this particular case out of two one was wrongly rejected with the claim package remark “Lap. Adhenolysis block with Lap. Chelecystectomy is not justified” which is itself wrong and illegal. B. That A laparoscopic cholecystectomy is a surgery during which the doctor removes your gallbladder. This procedure uses several small cuts instead of one large one. A laparoscope, a narrow tube with a camera, is inserted through one incision. This allows your doctor to see your gallbladder on a screen while Laparoscopic adhesiolysis is a safe and effective management option for patients with prior abdominal surgery with chronic abdominal pain or recurrent bowel obstruction not attributed to other	Rightly Rejected	this pkg cannot pay separately along with already paid pkg hence rejected

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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
							intraabdominal pathology. C. Both package are separate and different. Therefore it's a kind request to reopen and pay.		

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1	2	3	4	5	6	7	8	9	10
4	T1412201036057 2	2020/202149	19030065A - 00	10000	Durgi Devi	as per post op x ray not bone grafting seen so package not justifed7	Patient name: Durgi Devi TID NO. :- T14122010360572.This is to certify that patient Durgi Devi,95 years,female, was suffering from Left subtrochanteric fracture with intertrochanteric extension with fragmentation.Phemister grafting of posteromedial defect of fracture site was done since this was an unstable variant and posteromedial comminution 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.Phemister grafting can be noted on post-operative xray (marked with marker by the operating surgeon) as radioopaque	Rightly Rejected	pkg not justified hence rejected

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1	2	3	4	5	6	7	8	9	10
							flecks within the fracture defect.Marked Xray film and O.T. notes (step by step); to substantiate the surgical packages booked; is being sent along with this reply.		

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1	2	3	4	5	6	7	8	9	10
5	T0402209251778	2020/177404	19020031A - 00	7500	Abdul Hakim	THIS PACKAGE CANT BE JUSTIFY WITH MAJOR SURGICAL PAKAGE7	A. That in this Particular case out of two one was wrongly rejected with the claim package remark “This package can’t be justify with major surgical package” which is itself wrong and illegal. B. That SMR and FESS both are separate and different procedure and performed separate. C. That FESS Functional endoscopic sinus surgery is a minimally invasive technique used to restore sinus ventilation and normal function. The most suitable candidates for this procedure have recurrent acute or chronic infective sinusitis, and an improvement in symptoms of up to 90 percent may be expected following	Rightly Rejected	this pkg cannot pay separately hence rejected

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1	2	3	4	5	6	7	8	9	10
							the procedure. Fiberoptic telescopes are used for diagnosis and during the procedure, and computed tomography is used to assess the anatomy and identify diseased areas. Functional endoscopic sinus surgery should be reserved for use in patients in whom medical treatment has failed. The procedure can be performed under general or local anesthesia on an outpatient basis, and patients usually experience minimal discomfort. The complication rate for this procedure is lower than that for conventional sinus surgery while Submucosal resection (SMR) of the nose is a surgical procedure used to treat a deviated septum. This procedure is also called a septoplasty.		

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1	2	3	4	5	6	7	8	9	10
							D. Threfore it's a kind request to reopen and pay SMR Rs. 7500/- Only.		

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1	2	3	4	5	6	7	8	9	10
6	T1412201035878 1	2021/202261	19170001A - 00	8400	Rameshvar	AS IT IS INCLUDED IN ABOVE PKG7	The above noted patient Rameshvar was admitted in this Hospital under BSBY Scheme on 14 Dec. 2020 with complaint of growth upper lip midline with ulcer and on examination we saw the non healing ulcer upper lip and growth upper lip including swelling in neck (lymphnode palpable submandibular region). So we package blocked : Carcinoma lip - Wedge excision (19170001A-00), Neck Dissection - any type (29130001A-00) . Out of two , One was rejected with the remark AS IT IS INCLUDED IN ABOVE PKG. the both package are ethically justifiable and grant the sanction because one operation site is at the lip and other is at the neck. for both the Package we have done separate operation on separate site so the package is correct. Please consider the claim case as above justification.	Rightly Rejected	pkg not justified hence rejected

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1	2	3	4	5	6	7	8	9	10
7	T06092010076014	2020/195574	19010106A - 00	13000	Seeta Devi	PACKAGE NOT JUSTIFIED WITH MAJOR PACKAGE BLOCKED OF APPENDIECTOMY7	IN THIS PARTICULAR CASE OUT OF TWO ONE PACKAGE WAS WRONGLY REJECTED WITH THE PACKAGE REMARK "PACKAGE NOT JUSTIFIED WITH MAJOR PACKAGE BLOCKED OF APPENDIECTOMY" WHICH IS ITSELF WRONG AND UNJUSTIFIED. bOTH PACKAGE IS SEPARATE AND DIFFERENT AND CLEARLY MENTIONED IN OT NOTES. THEREFORE ITS A KIND REQUEST TO REOPEN AND PAY.	Rightly Rejected	this pkg cannot pay separately hence rejected

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1	2	3	4	5	6	7	8	9	10
8	T2011201029067 9	2021/202293	19030067A - 00	21000	Gopi Ram Meena	as per diagnosis package not justified7	This is to certify that Patient Mr Gopi Ram,65 years old/male,was suffering from left varus deformity with genu vara with reduced medial compartment joint space with supportive clinical symptomatology(ten derness over medial joint line) and clinical tests(abnormal tibio-femoral axis).All documentation of these findings has been uploaded on portal on OPD slip.The xray finding is also documented on OPD slip and subchondral erosions with loss of articular architecture within medial compartment of knee joint can be clearly seen on pre-operative xray confirming our diagnosis of medial compartment osteoarthritis. Query Reply to ‘as per Diagnosis package not justified’:	Reopen & Pay	pkg justified hence reopen and pay

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1	2	3	4	5	6	7	8	9	10
							Levels of Evidence Critically-appraised individual articles and synopses include: Filtered evidence: Level I: Evidence from a systematic review of all relevant randomized controlled trials. • Level II: Evidence from a meta-analysis of all relevant randomized controlled trials. • Level III: Evidence from evidence summaries developed from systematic reviews • Level IV: Evidence from guidelines developed from systematic reviews • Level V: Evidence from meta-syntheses of a group of descriptive or qualitative studies • Level VI: Evidence from evidence summaries of individual studies • Level VII: Evidence from one properly designed randomized controlled trial		

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1	2	3	4	5	6	7	8	9	10
							Unfiltered evidence: • Level VIII: Evidence from nonrandomized controlled clinical trials, nonrandomized clinical trials, cohort studies, case series, case reports, and individual qualitative studies. • Level IX: Evidence from opinion of authorities and/or reports of expert committee The following research publication recommends the surgical procedure of proximal fibular osteotomy for medial compartment osteoarthritis.This article is a systematic review/meta-analysis of all relevant randomized controlled trials conducted on this subject and is a Level I evidence(Highest level) supporting the use of this osteotomy procedure for medial compartment knee osteoarthritis :		

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							Sugianto JA, Hadipranata T, Lazarus G, Amrullah AH. Proximal fibular osteotomy for the management of medial compartment knee osteoarthritis: A systematic review and meta-analysis. Knee. 2020 Dec 29;28:169-185. doi: 10.1016/j.knee.2020.11.020. Epub ahead of print. PMID: 33387808. Osteotomized fibula can be clearly seen in post-operative xray. Another Reference article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536585/		

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1	2	3	4	5	6	7	8	9	10
9	T3112198980004	2020/166622	29050011A - 00	6000	Lalita devi	DJ STENT WHENEVER DONE ALONG WITH PCNL/RIRS/URSL WILL BE CONSIDERED IT PART BECAUSE ITS DONE TO AVOID COMPLICATIONS OF PCNL/RIRS/URS ONLY. 7	A. That in this Particular case out of two one was wrongly rejected with the claim package remark “DJ Stent whenever done along with PCNL will be considered it part because its done to avoid complications of PCNL” which is itself wrong and illegal. B. That PCNL and DJ Stent both are separate and different procedure and performed separately. As per your remark DJ Stent used to avoid complications of PCNL while truth is DJ Stent used to avoid Ureteric Stent, Spasm , Blood Clot , is a thin tube inserted into the ureter to prevent or treat obstruction of the urine flow from the kidney. C. That if the above noted both procedure are same. Insurance company must not approved DJ Stent package at	Re-Open & Query	pkg not justified hence rejected

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1	2	3	4	5	6	7	8	9	10
							the time of Pre Auth Approval while DJ Stent removal package category is Tertiary. D. Moreover in previously it was duly paid along with PCNL. E. Threfore it's a kind request to reopen and pay DJ Stent Rs. 6000/- Only.		

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1	2	3	4	5	6	7	8	9	10
10	T14122010361351	2021/202298	29170069A - 00	15000	Munni Bagam	done on same site so included in above package code 29170054A7	This is in reference to TID T14122010361351.(Munni Begam/50 years/female) Appeal reply to 'Bone tumor excision is part of Modular prosthesis pkg,hence rejected' : 'Bone tumour excision' is excision of neoplastic tissue whereas in 'Shoulder modular prosthesis arthroplasty' we undertake replacement arthroplasty of shoulder joint using modular prosthesis.Hence the two pkgs are two different surgical procedures which are not related to each other and done for eniterly different indications.Bone tumour excision falls under orthopaedic oncology subspeciality whereas Shoulder arthroplasty falls under arthroplasty subspeciality. 'Boner tumour excision' term only	Rightly Rejected	pkg not justified hence rejected

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1	2	3	4	5	6	7	8	9	10
							deals with excision part of the surgery.We had to undertake reconstructive part of the remainder surgery with 'modular prosthesis' procedure. Pkg Reconstructive lower limb surgery following infection, Trauma, Tumors / Malignancy, Developmental including diabetic foot deals would have be an appropriate package but it does not deal with upper limb surgeries as per package description. As per described routine steps of 'Shoulder modular arthroplasty' in standard orthopaedic reference textbooks, 'Bone tumour excision' is not an intermediate step.Hence,it cannot be considered part of 'Modular prosthesis pkg'.		

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1	2	3	4	5	6	7	8	9	10
11	T3112198978690	2020/175262	19030046A - 01	9500	Kana Ram	PKG NOT JUSTIFIED 7	This is to certify that patient Mr Kana Ram, 65 years/male,was suffering from radius fractures on both forearm which required internal fixation on both sides.Hence,fracture radius internal fixation was blocked (on grounds on different anatomical sites)	Reopen & Pay	pkg justified hence reopen and pay

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1	2	3	4	5	6	7	8	9	10
12	T0211201024240 2	2020/201912	29120010A - 00	21000	Punyaram	PRE TREATMENT REPORT AND ABG REPORT NOT PROVIDED7	TID NO. T02112010242402 That in this particular case claim package was rejected with the claim package remark “HOSPITAL NOT PROVIDE PRE TREATMENT REPORT AND ABG REPORT , hence rejected” Which in itself is wrong and illegal. Patient Punya Ram 68 years, male presented to us on 2/11/2020 with chief complaints of sudden on set chest pain, perspiration, Ghabhrahat , pain radiated to left forearm with hypotension. On examination he was having bilateral cysts + with sinus tachycardia, urgent ECG and 2D ECHO was planned which showed refractory cardiac failure with raised as TROP –T and PRO-BNP values . He was chain smoker and was never on any	Reopen & Pay	pkg justified hence reopen and pay

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1	2	3	4	5	6	7	8	9	10
							treatment and no significant past history or pre treatment records were available. On examination his chest X-RAY was showing pulmonary Edema and on treatment he was improving and showing significant improvement. He was maintaining saturation and as his illness, serial ECG were done and ABG was not done as not required. We had previously submitted an reply and hereby with detailing of the case, we are once again forwarding an response. That at this belated stage while patient had already been discharged, it is not justified to reject the claim as we had already submitted our reply for this particular query. Therefore it's a kind request to reconsider it and make a		

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1	2	3	4	5	6	7	8	9	10
							provision for reopening and pay.		

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