

Unspecified Surgical Packages

User Guidelines

National Health Authority

**Version: 2nd Edition
February 2022**

Disclaimer: The key objective of this user guideline document of National Health Authority (NHA) is to give an overview of the Unspecified Surgical Packages guidelines for the national health benefit package available under AB PM-JAY. This user guidelines have been prepared for guidance of EHCPs, NHCPs, State Health Agencies (SHAs), pre-authorization and claims processing teams for processing treatment of beneficiaries. It will also serve as a guidance tool for EHCPs and state medical audit committees for policies on payment as per inclusion / exclusion criteria of Health Benefit Packages specially for cases booked under Unspecified Surgical Packages (US100). In that respect, EHCPs and physicians may refer to other relevant material as per the extant professional norms. The content of the document may be reproduced / cited with due acknowledgment of the original publication, AB PM-JAY and NHA.

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1.1 Unspecified Surgical Package

To ensure that AB PM-JAY beneficiaries are not denied care, for treatments / procedures that do not feature in the listed interventions, there is an exclusive provision that has been enabled in the TMS (Transaction Management System) for blocking such treatments, subject to satisfying certain defined criteria (as mentioned).

1.1.1 Using an unspecified surgical package

Criteria for treatments that can be availed under unspecified surgical package:

- Only for surgical treatments.
- Compulsory pre-authorization is in-built while selecting this code for blocking treatments.
- Cannot be raised under multiple package selection. Not applicable for medical management cases. (Such as: those belong to General Medicine / Interventional Radiology / Cardiology, Medical Oncology, Radiation Oncology etc.)
- Government reserved packages cannot be availed by private hospitals under this code. PPD / CPD may reject such claims on these grounds. In addition, SHA may circulate Government reserved packages to all hospitals. Further, SHAs need to establish suitable mechanisms to refer such cases to private facilities to avoid denial of care.
- Cannot be booked for removal of implants, which were inserted under the same policy. Exceptions where removal of implants is not covered under any other package, to be approved by State Health Agencies or National Health Authority.
- In the event of portability, the home state approval team may either reject if a Government reserved package of the home state is selected by a private hospital in the treating state or consider on grounds of 'emergency'.
- Aesthetic treatments of any nature cannot be availed under this code or as such under any other listed codes under AB PM-JAY. Only medically necessary with functional purpose / indications can be covered. The procedure should result in improving / restoring bodily function or to correct significant deformity resulting from accidental injury, trauma or to address congenital anomalies that have resulted in significant functional impairment.

- Individual drugs or diagnostics cannot be availed under this code. Only listed drugs and diagnostics with fixed price schedules, listed under the drop down of respective specialties, are included for blockingtreatments.

- None of the treatments that fall under the exclusion list of AB PM-JAY can be availed viz. individual diagnostics for evaluation, out-patient care, drug rehabilitation, cosmetic / aesthetic treatments, vaccination, hormone replacement therapy for sex change or any treatment related to sex change, any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, rootcanal including wear and tear etc. unless arising from disease or injury and which requires hospitalization for treatment etc.
- However, for life threatening cases such as of suicide attempt or accident due to excess consumption of alcohol, treatment shall be provided by the hospital till the patient's condition stabilizes.
- In case the SHA is getting multiple requests for the same unspecified package from multiple hospitals or for multiple patients, then the same should be taken up with the Medical Committee for inclusion in the package master for that SHA within a defined time frame as per the SHA.
- The same should also be shared with NHA for consideration to include such packages in national package master.

For deciding on the approval amount, the PPD may consider the rate of closest match of the requested surgery, in listed AB PM-JAY packages. It should be noted that the amount approved by the PPD would be sacrosanct, to be communicated to the hospital, and the CPD would not be able to deduct any amount or approve partial payment for that claim.

1.1.2 Unspecified package guidelines up to ₹ 5 Lakhs

For any State / UT to utilize the unspecified surgical package up till ₹ 5 lakhs, it is to be ensured that the same is approved only in the following circumstances (Reference OM dated 01/02/2022 placed as **Annexure-1**).

a. Exceptional circumstances may include:

- Rare disease conditions or rare surgeries.
- Other conditions / treatments which are not excluded under AB PM-JAY but not listed in HBP.

b. Life-saving conditions may include:

- Emergencies or life-threatening conditions

While it is difficult to define all the situations where unspecified surgical package may be used or the upper limit for booking the package, but it can be allowed as long as it is approved by medical

committee of SHA comprising of experts from relevant specialties related to the requested package from public hospitals. Condition for booking such package should also be mentioned as described above.

The following process to be adhered:

- A standing Medical committee with experts from major specialties and invited experts as required will be constituted by CEO of each SHA to provide inputs on requests received for unspecified surgical packages among their other deliverables. In case the committee is not formed yet, it needs to be in place earliest by April 2022.
- CEO, SHA will recommend every case for approval or rejection after taking inputs from the standing medical cell of the SHA (wherever committee is yet to be constituted, opinion of 2 medical experts, of the specialty domain will suffice as recommendation in the interim period), with details of treatment and pricing that is duly negotiated with the provider. This recommendation should have insurance company concurrence, wherever applicable.
- The price should be based on the principle of case based lump sum rate that includes all investigations, procedure cost, consumables, post-op care – preferably citing rates as ceiling from any govt. purchasing scheme like CGHS etc., if available.
- SHA may ensure that periodically (quarterly) intimation regarding procedures booked under US100 between Rs. 1Lakh to Rs. 5 Lakh, to be shared with NHA
- SHA shall bear 100% expenditure corresponding to such packages which are listed in the exclusion list of procedures decided by NHA
- SHAs may ensure to follow the revised process for approval and notification to integrate the same in TMS for streamlining the approval & notification process (**Annexure-2**). SHAs not using the NHA TMS system to consider integrating the online flow in their IT system by April 2022.
- SHA may ensure to follow the template for streamlining implementation & documentation of utilization of unspecified packages and keep a close check on their subsequent implementation as well. Format as attached (**Annexure-3**).
- Audit of around 5% cases booked and approved under unspecified procedure will be conducted by NAFU, NHA, if any abuse or fraud is found it will be notified to the respective SHA.
- The turnaround time for the entire activity shall be 48 hours to ensure that the beneficiary is provided prompt treatment.
- CEO – NHA will place all the approvals provided under Unspecified Surgical Package in the Governing Board meeting for information.

ANNEXURE-1

S-12012/183/2022-NHA(Pt.I)
Government of India
Ministry of Health and Family Welfare
(National Health Authority)

3rd Floor, Tower-1, Jeevan Bharti Building,
Connaught Place, New Delhi-110 001.

Dated: 01.02.2022

OFFICE MEMORANDUM

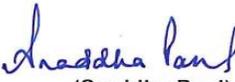
Sub: Delegation of authority to approve 'Unspecified Surgical Procedures' above Rs 1 lakh to respective SHAs under AB PM-JAY- reg.

To expedite the approval process of "Unspecified Surgical Package (USP)" and provide more operational flexibility to States/UTs, the Governing Board of National Health Authority (NHA) has decided to delegate the authority to approve requests for booking "Unspecified surgical procedures" up to 5 lakhs to respective State Health Agency.

2. The broad SoP for processing the requests for booking of Unspecified Surgical Packages shall be as follows:

- a. Every USP, before being put up to the competent authority, shall be examined by the medical cell of the SHA.
- b. The request for approving USP along with the opinion of the medical cell shall be placed before the competent authority for approval. The competent authority for approving such requests shall be:
 - (i) Chief Executive Officer, SHA: For USPs upto Rs. 1 lakh
 - (ii) Addl. Chief Secretary/ Principal Secretary/ Secretary (Health & Family Welfare) of respective State/UT: For USPs between Rs. 1 lakh to Rs. 5 lakh
- c. An online approval workflow for processing requests for USPs is being developed by NHA and the States/UTs will be notified once it is live. SHAs which are not on NHA's IT platform are advised to get their own IT platform configured for processing requests for USPs. From 1st April 2022, all such requests should be processed through online platform only.
- d. SHA is also advised to frame a policy for inclusion of frequently booked "Unspecified surgical packages" into their State specific master.
- e. SHAs are required to share a list of approved unspecified surgical procedures every quarter for information of the NHA and SHA Governing Boards.
- f. SHAs are required to keep a record of opinion of medical cell as well as justification(s) related to the approval/rejection of the requests for audit purpose.
- g. The new guidelines related to processing USPs shall be applicable from 1st February 2022.

3. This issues with the approval of competent authority.


(Sraddha Paul)
Deputy Director, Admin

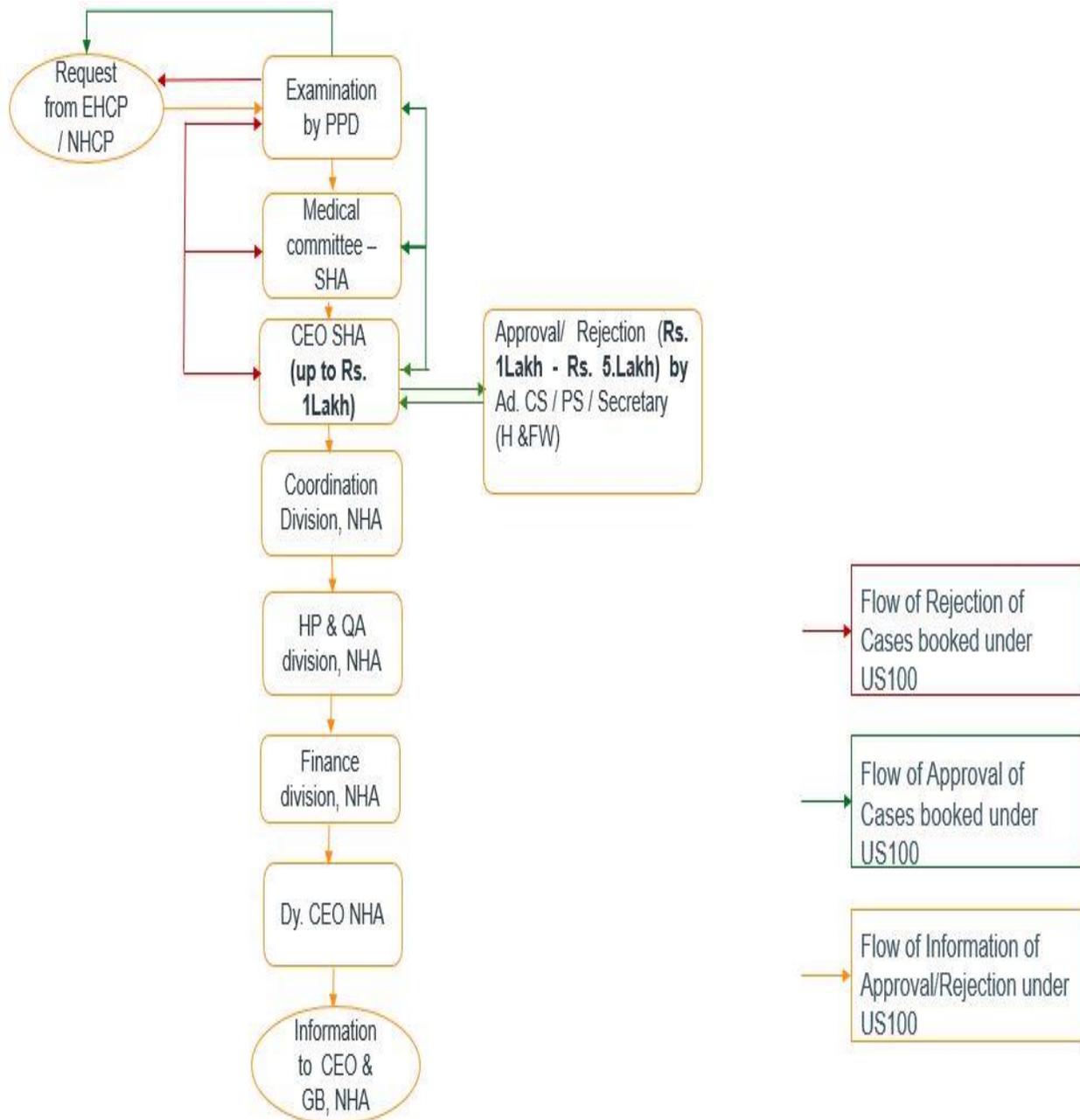
To

Addl. Chief Secretary / Principal Secretary (Health & Family Welfare) – All States / UTs implementing AB PM-JAY

Copy To:

1. Chief Executive Officer, State Health Agency (All States and UTs)
2. PPS to CEO, NHA
3. PS to Addl. CEO, NHA
4. PS to Dy. CEO, NHA

ANNEXURE-2



ANNEXURE-3



Request form for approval of Unspecified Surgical Package



| Demographic details: | | | |
|---|--|--|--------------|
| *State: | | Patient Name: | |
| *Requesting Specialty: | | Age: | |
| | | Gender: | Male /Female |
| Provider Details: | | Case UHID*: | |
| Requesting Hospital Name*: | | | |
| Hospital code: | | Date of Proposal submitted by Hospital:(DD/MM/Y YYY format) | |
| Treating Doctor: | | Date of Review by State Medical committee (DD/MM/YYYY format) | |
| Date of Proposal submitted to NHA by SHA*: | / / | | |
| Time of approval* | Pre-treatment/Under treatment/ Post facto approval | | |
| Case Details: | | | |
| Date of Admission: / / | Date of Surgery: / / | Date of Discharge: / / | |
| Chief complaints/ reason for admission: (attached Case sheet) | | | |
| Brief history: | | | |
| Pre diagnostic investigations performed: (attached reports) | | | |
| Indicative signs/ symptoms for diagnosis*:(attached Case sheet) | | | |
| Diagnosis*: | | | |

| | | | |
|---|--|--|--|
| Rationale for proposed treatment selection*: | | | |
| Nearest package code available under PMJAY*: | | | |
| If a package other than the one requested in unspecified is being booked, details thereof (Package name and package code) * | | | |
| Billing Details: | | | |
| Planned Treatment by EHCP/NHCP* | | | |
| Estimated cost of procedure and planned treatment (to be filled by EHCP/NHCP) | Avg. Length of stay (In days): | | |
| | No. of OT hrs. for proposed procedure: | | |
| | Inpatient cost (Bed, Nursing, ICU/HDU, Step down ICU): | | |
| | Pharmacy and consumables: | | |
| | Consultation and Doctors professional fee including anesthesia management: | | |
| | Others: | | |
| | Total estimated cost of procedure*: | | |
| Approved cost by SHA and State medical review committee | Amount*: | Name of Nodal Person SHA-Medical team* | |
| | | | |
| Process details: | | | |
| Clinical opinion details furnished by treating doctor | | | |
| Review and opinion of State medical review committee* | | | |
| CEO, State Health Agency Recommendation* | | | |
| Chief executive officer, SHA: | Office Stamp | | |
| Signature*: | | | |
| Date: | | | |

Note:

1. All stated (*) Column should be mandatorily filled by EHCP/NHCP before submitting the application
2. EHCP/NHCP should Clearly and rationally fill all the mandatory column in the unspecified check list for scrutiny of SHA
3. EHCP/NHCP Should follow all the unspecified package utilization guidelines attached as Annexure-1