



GUIDELINES AND PROTOCOLS FOR TREATMENTS & CLAIM SUBMISSIONS

STATE LIFE INSURANCE
CORPORATION OF PAKISTAN

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HEALTH AND ACCIDENTAL
INSURANCE DIVISION

PREFACE

State Life's Health and Accidental Insurance Division has gathered a set of guidelines for provision of medical in-patient services under its health insurance business.

The set of guidelines are prepared taking consultation from relevant experts and designed according to the specific circumstances regarding medical management in Pakistan.

All district medical officer, provincial medical officers and claim officers are encouraged to utilize the guidelines while overseeing patient admissions and medical claims.

The guidelines are for administrative staff and medical audit of claims and provide general course of action of treatments. However, the physician and surgeon shall ensure best medical practices while imparting their services and should not be limited to the requirement specified in this document.

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CLAIMS PROCESSING PROCEDURE

1.1. Introduction

State Life has signed an agreement with all panel hospitals which bound each stakeholder to discharge their duties in the best interest of patients. The key clauses of agreements are:

- i. The Provider agrees to provide services to State Life's clients' beneficiaries at the rate schedule that have been mutually agreed.
- ii. The Provider agrees to provide services to State Life's client's beneficiaries only for the diagnosis/condition they have admitted after receiving authorization from State Life.
- iii. The Provider agrees to provide complete treatments, including all complications related to the treatment/procedure and related services in accordance with medically acceptable standards and protocols, as per the requirements of the specific case.
- iv. The Provider agrees to follow the "Standard Treatment Protocols" provided and as agreed with the client.
- v. The Provider agrees to administer the medicines and disposables duly registered by the Drug Regulatory Authority of Pakistan.
- vi. The Provider agrees to provide maternity-related services upon antenatal and post-natal visits, including vaccination of pregnant women for tetanus, routine blood tests, ultra-sounds and other necessary investigations if required as per schedule & limits (Appendix-**IV**).
- vii. The Provider confirms that it has adequate infrastructure, paramedical and medical staff with required qualifications, adequate training, knowledge and experience to provide the required agreed treatments.
- viii. The Provider agrees to maintain the proper medical records. The Provider shall provide access to State Life to the medical records. Copies of requested medical records will also be provided on demand.
- ix. The Provider shall perform the services and carry out its obligations under the Agreement with due diligence, efficiency, and economy according to generally accepted professional standards and practices.
- x. The Provider agrees to allow State Life's doctor/official to visit/ assess the beneficiaries during their hospitalization.
- xi. The Provider agrees to indemnify the state life and hold it harmless against any liabilities, including judgments costs during the continuity of the Agreement and even afterwards till completion of the project.
- xii. The Provider agrees to maintain all mandatory licenses, permits and approvals of the relevant health regulatory authority.

1.2. Package Rate

In term of package rates following points may be noted:

- I. The Provider will be reimbursed for services rendered as per the Agreement against a package rate treatment fee schedule. The treatment rate schedule is attached as Appendix II
- II. The package rate will be calculated as per the "treatment requirements". No additional charge for an extended period of stay shall be allowed.
- III. The package rate will include the cost of:

 "All charges pertaining to a particular treatment/procedure (up to the cost of the general ward), including registration charges, admission charges, accommodation charges, cost of medicines, labour room, operation /procedure charges, anaesthetist charges, nursing and paramedic charges, doctor/consultant visit charges, monitoring charges, operation theatre charges, cost of the implant, procedural charges/surgeon's fee, cost of disposable surgical material and cost of all sundries used during hospitalization, related routine investigations, physiotherapy charges etc. from the time of admission till discharge. This also is inclusive of all sub-procedures and all related procedures to complete the treatment. The package rate will also include all complications related to the treatment/procedure performed. *(Any complications arising out of procedure done in the hospital would be the hospital's liability; accordingly, the hospital may treat the patient without any cost.)*
- IV. All pre-Op medicine, consultation & investigations necessary to diagnose the patient would be part of package rates. The following table may be consulted in this regard:

Scenario A	The patient is a diagnosed case of some treatments and refers to the admission	All charges (consultation, medicine, investigation, treatment, facilitation etc.) during treatment would be part of the package rate. State Life may require to revise investigation at the given hospital.
Scenario B	The patient visited OPD and does not require admission	Charges would not be part of package rate / OPD would not be covered under inpatient services.
Scenario C	The patient visited OPD; consultant advice investigation; the result of investigation does not require admission	Charges would not be part of package rate / OPD would not be covered
Scenario D	The patient visited OPD; consultant advice investigations; the result of investigation	All charges (consultation, medicine, investigation, treatment, facilitation, etc.), including initial consultation, medicines, investigation, and

	confirms inpatient/ admission case	facilitation, would be part of the package rate, even if the hospital scheduled a surgery/treatment/admission later. The hospital would not decouple the package or charge those expenses separately.
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- V. Pre-procedure and post-hospitalization medicines; up to 1 day prior to the procedure and up to five days from the date of discharge from the hospital.
- VI. One post-discharge follow-up visit in maternity and surgical cases
- VII. The Provider would not refuse any procedure to the patient. If any procedure is not available in the list, the hospital would provide the services after pre-authorization and send the procedure along with its cost and break up for approval to SLIC for addition.
- VIII. The Provider will perform those procedures whose package rate is agreed upon. If the Provider perceives any package as unsuitable, it will send prior intimation to State Life for re-consideration of the package rate. State Life would respond within a 15-days period of said query. Under that period, no patient would be denied services, particularly because of an unsuitable package rate.
- IX. In case of multiple procedures during admission, the package rate of the following treatment would be 50% of the agreed package for 2nd procedure plus the cost of implant required in the 2nd procedure. However, subprocedures (e.g. Angiography in case of angioplasty) would be completed covered under the original package and would not be paid separately.
- X. Special investigations such as CT scan MRI may form a separate package. Pre-Authorization shall be required from State Life before performing such procedures.
- XI. The reimbursement rates for all treatment set under this Agreement may not increase for any reason during the term of this Agreement unless mutually agreed.
- XII. The hospital decoupling the procedure (e.g. charging those expenses related to admission and then giving time of admission
- XIII. The Provider would provide the services as per the entitlements of beneficiaries.
- XIV. All admissions require a pre-authorization from State Life. The Provider may provide treatment in life-threatening cases immediately without pre-authorization. State Life

representative will visit the patient as soon as possible; if it is determined the case was not an emergency case, the case will be referred to the grievance steering committee. If the committee agrees the case was not an emergency case, State Life reserves the right not to pay the claim.

- XV. The Provider must take necessary care to avoid overstay of patients, especially in medical cases. The State Life claim committee would assess the reasonability of due treatment and reserve the right to deduct the extraneous amount if claimed.
- XVI. The Provider will quote fair and transparent tariffs for those treatment packages which are not negotiated with State Life for approval.
- XVII. State Life reserves the right to deny complete payment / deduct partial claim amount in case beneficiary was charged separately for services/treatments covered under the contract.
- XVIII. In case of agreed package rates with State Life, the Provider would not deny the patients admissions for the reason to change package rates.

1.3. Claim Submission Documentation

There are two set of documents mandatory for efficient completion of claims processing, one set will be provided by SLIC officials working with hospital (DMO and HFO) while the other set will be provided by Hospital Administration. Claims will be considered incomplete and pending for payment if any of these documents are missing. Details of both sets are given below.

Verification and State Life's System Generated Documents

These documents will be provided by Health Facilitation Officer and District Medical Officers (SLIC Team) working in or with the hospitals. These documents include

- CNIC or Form B
- Referral Letter
- Case Sheet
- Treatment Protocol Sheet (Where Required)
- Claim Statement
- Discharge Slip and Feedback Form

Hospital Administration Documents

These documents will be provided by Hospital Administration, SLIC Team (HFO and DMO) will explain all these documents to Hospital Administration and make sure no claim is submitted without these documents. These documents include

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
- OT Notes must include the following in proper order
 - Patient Name
 - Age of Patient
 - Gender
 - Disease Diagnosis
 - Surgical Procedure Details
 - Doctor (Surgeon) Name, Signature and Stamp
 - Date
- Investigation
 - Report of Investigation
 - Investigation may include the following
 - Serology/Blood Test
 - Infection Diseases Screening/Virology
 - Radiological Investigation
 - Others (CD Rom etc.)
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents depending on the nature of Treatment

1.4. Pre-Requisite/Check List Sequence for Claim Documents

S. No	Documentation	Checklist
1.	CNIC / B Form	
2.	State Life's Referral Letter	
3.	State Life's Case Sheet	
4.	State Life's Discharge SLIP	
5.	State Life's Claim Statement (Duly signed by hospital)	
6.	Doctors Prescription	
7.	Patient Consent Form	
8.	OT Notes (If Required)	
9.	Treatment Chart	
10.	Investigation Reports	
11.	Hospital Discharge Slip	
12.	Stickers of Implants (If Required)	
13.	CD Rom for investigations	
14.	Other Supporting Documents	

Claim Document not following the above mentioned sequence will be pending and considered incomplete until all necessary documents provided by Hospital within 15 days.

SECTION A GENERAL SURGERY

2.1. General Surgery Claims

Following Documents are a pre-requisite for all General Surgery Claims and must be included in all General Surgery Claims irrespective of the nature of Treatment.

Hospital Administration Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
 - OT Notes must include the following in proper order
 - Patient Name
 - Age of Patient
 - Gender
 - Disease Diagnosis
 - Surgical Procedure Details
 - Doctor (Surgeon) Name, Signature and Stamp
 - Date
- Investigation
- Treatment Chart including Vital Signs, Temperature Record, Nursing Notes and Daily Progress Report
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents depending on the nature of Treatment

2.2. General Surgery

2.2.1. Appendectomy

Following Documents must be included in Claim Processing of Appendectomy along with the pre-requisite documents.

- CBC
- Urine R/E
- USG for every case (Appendectomy in Female must be USG)
- SLIC STP Performa
- Surgeon Prescription Showing his Clinical observation which Clearly Shows appendicitis because it is Clinically diagnosis
- OT Notes
- Virology for infectious diseases i.e. HBSAG, HCV

Appendicitis - STP

Protocol based on modified RIPASA Please (✓) tick the relevant information.		Please attach	
	Tick(✓)	Tick(✓)	Value/Description
Age of Patient			
<39.9	<input type="checkbox"/>		
>40	<input type="checkbox"/>		
Gender			
Male	<input type="checkbox"/>		
Female	<input type="checkbox"/>		
INDICATION			
Right Iliac Fossa Pain	<input type="checkbox"/>		
Migration of Pain to RIF	<input type="checkbox"/>		
Nausea / Vomiting	<input type="checkbox"/>		
Anorexia	<input type="checkbox"/>		
RIF Tender	<input type="checkbox"/>		
Guarding	<input type="checkbox"/>		
Rebound Tenderness	<input type="checkbox"/>		
Rosving Sign	<input type="checkbox"/>		
Fever	<input type="checkbox"/>		

Sign & Stamp of Attending Physician

Duration of Symptoms		
<48 Hours	<input type="checkbox"/>	
> 48 Hours	<input type="checkbox"/>	

2.2.2. Haemorrhoidectomy / Rectal Polyp

Following Documents must be included in Claim Processing of Haemorrhoidectomy along with the pre-requisite documents.

- CBC
- Virology for infectious diseases i.e. HBSAG, HCV
- OT Notes
- State Life STP

Hemorrhoids - STP

Please (✓) tick the relevant information.

External Haemorrhoid	
Symptomatic external haemorrhoids (eg, pain, thrombosis) refractory to conservative measures	<input type="checkbox"/>
Large or severely symptomatic external haemorrhoids (eg, severe pain, interfere with hygiene, severe skin irritation and itching)	<input type="checkbox"/>
Patients with substantial external skin tags	<input type="checkbox"/>
Combined internal and significant external haemorrhoids	<input type="checkbox"/>
Symptomatic external haemorrhoids in the presence of a concomitant anorectal condition that requires surgery	<input type="checkbox"/>
Internal haemorrhoids	
Prolapsed internal haemorrhoids that can be manually reduced (Grade III), particularly if more than one column is involved*	<input type="checkbox"/>
Prolapsed and incarcerated internal haemorrhoids (Grade IV)	<input type="checkbox"/>
Symptomatic internal haemorrhoids (e.g., pain, thrombosis) refractory to conservative measures	<input type="checkbox"/>

Symptomatic internal haemorrhoids (e.g., pain, thrombosis) refractory to office-based procedures, or unable to tolerate office-based procedures because of pain*	<input type="checkbox"/>
Combined internal and external haemorrhoids	<input type="checkbox"/>
Symptomatic internal haemorrhoids in the presence of a concomitant anorectal condition that requires surgery	<input type="checkbox"/>

2.2.3. Open Cholecystectomy/Laparoscopic Cholecystectomy

Following Documents must be included in the Claim Processing of Open Cholecystectomy along with the pre-requisite documents.

- CBC
- Liver Function Test (LFT)
- Ultrasound Scan mentioning Size of Stone
- Viral Serology i.e. HBSAG, HCV
- OT Notes
- State Life's STP

Cholecystectomy - STP

Please (✓) tick the relevant information.

Symptomatic cholelithiasis with or without complications	<input type="checkbox"/>
acalculous cholecystitis	<input type="checkbox"/>
Prophylactic cholecystectomy in patients at increased risk for gallbladder carcinoma or gallstone complications	<input type="checkbox"/>
Gallbladder polyps >0.5 cm	<input type="checkbox"/>
Porcelain gallbladder	<input type="checkbox"/>
Concomitant cholecystectomy in patients with asymptomatic cholelithiasis undergoing an abdominal operation for an unrelated indication. ***	<input type="checkbox"/>
***Incidental cholecystectomy for asymptomatic cholelithiasis may be considered when the patient is undergoing surgery for another gastrointestinal indication provided that the index operation has proceeded uneventfully, the patient is stable, and the cholecystectomy looks like it would be straightforward.	
Indication for Open Surgery	
The inability to safely or effectively complete a laparoscopic cholecystectomy in the patient with symptomatic gallstones.	<input type="checkbox"/>

Patients who are unlikely to tolerate pneumoperitoneum due to hemodynamic instability or significant cardiorespiratory comorbidities. Pneumoperitoneum in a hemodynamically unstable patient or in a patient with marginal cardiopulmonary reserve may lead to cardiovascular collapse.	<input type="checkbox"/>
Patients with refractory coagulopathy. Although coagulopathy should be corrected if possible before any operation, multiple bleeding points and generalized oozing is more easily handled in an open operation.	<input type="checkbox"/>
Patients who are strongly suspected to have gallbladder cancer. When there is a strong suspicion for gallbladder cancer on preoperative imaging, an open approach is recommended to avoid perforation of the gallbladder and intraperitoneal dissemination of malignant cells.	<input type="checkbox"/>
Patients who have other intra-abdominal pathology requiring open surgery or who need cholecystectomy as part of another procedure	<input type="checkbox"/>
Relative indications for open surgery	
Patients who have had prior upper abdominal surgery because scar tissue may preclude safe laparoscopic dissection.	<input type="checkbox"/>
Patients with a history of a cholecysto-enteric fistula.	<input type="checkbox"/>
Patients who are pregnant. Although studies report safety of laparoscopy in any trimester of pregnancy, an open approach may be needed in the third trimester due to difficulty in port placement and insufflation.	<input type="checkbox"/>
Patients with cirrhosis and/or portal hypertension in whom cholecystectomy is associated with increased operative morbidity and mortality.	<input type="checkbox"/>

Must Attach:

- CBC
- LFT
- INR
- USG
- CT (If indicated)

2.2.4. Hernioplasty (Mesh Repair)

Following Documents must be included in the Claim Processing of Hernioplasty along with the pre-requisite documents.

- CBC
- Viral Serology i.e. HBSAG, HCV,
- Mesh Sticker
- O.T notes
- USG (Where indicated)
- State Life's guidelines

2.2.5. Hernia

Following Documents must be included in the Claim Processing of Hernia along with the pre-requisite documents.

- CBC
- Viral Serology i.e. HBSAG, HCV,
- O.T notes
- USG (Where indicated)
- State Life's guidelines

HERNIA STP

Please (✓) tick the relevant information.

Indication	
Patients with strangulation or bowel obstruction	<input type="checkbox"/>
Patients with an acutely incarcerated inguinal hernia but without signs of strangulation (eg, skin changes, peritonitis)	<input type="checkbox"/>
Newly diagnosed femoral hernia,	<input type="checkbox"/>
Patients with moderate-to-severe symptoms from an inguinal hernia,	<input type="checkbox"/>
Patients with significant symptoms attributable to an inguinal hernia (Groin pain with exertion (eg, lifting),) , Inability to perform daily activities due to pain or discomfort from the hernia. Inability to manually reduce the hernia (i.e., chronic incarceration)	<input type="checkbox"/>

Must Attach

- Mesh Sticker (If Applied) indicating size of mesh
- USG where indicated

2.2.6. Thyroidectomy

Following Documents must be included in the Claim Processing along with the pre-requisite documents.

- CBC
- Viral Serology i.e. HBSAG, HCV,
- O.T notes
- USG Thyroid
- TFT

2.2.7. Wound Debridement and Closure

Following Documents must be included in the Claim Processing of Wound Debridement along with the pre-requisite documents.

- CBC
- Viral Serology i.e. HBSAG, HCV
- Consent Form (For Major Debridement's)
- OT Notes
- Anesthesia Notes

2.2.8. Fissurectomy

Following Documents must be included in the Claim Processing of Fissurectomy along with the pre-requisite documents.

- CBC
- Virology for infectious diseases i.e. HBSAG, HCV
- OT Notes
- Consent Form

2.2.9. Rectal polypectomy

Following documents must be included in the claim processing of the Rectal polypectomy along with the pre requisite documents.

- Clinical notes /medical history
- Digital rectal examination
- Sigmoidoscopy/colonoscopy (If required)
- Indoor case paper
- Detailed operative notes
- Detailed discharge summary
- Histopathology (If Required)

2.2.10. Varicose veins

Following documents must be included in the claim processing of the varicose veins, along with the pre requisite documents.

- Clinical notes with details of clinical examination and planned line treatment
- Clinical photograph (Consent of female may be taken)
- Duplex scan
- Indoor case papers
- Detailed procedure notes /operative notes
- Detailed discharge summary

2.2.11. Splenectomy

Following documents must be included in the claim processing of the splenectomy, along with the pre requisite documents.

- Clinical notes
- Clinical Evaluation
- USG/CECT Abdomen
- Planned line of treatment
- Detailed Indoor case papers (ICPs)
- Detailed Procedure / operative notes
- Histopathological examination
- Detailed discharge summary
- FAST Scan (In case of trauma)
- HB electrophoresis in case of thalassemia
- Coagulation Profile in case of ITP

2.2.12. Gastrostomy

- Neurogenic dysphagia with high risk of aspiration
- Head and neck malignancy
- Oral/throat surgery
- Endoscopy contraindicated or Percutaneous Endoscopy Gastrostomy (PEG) failed
- Gastric decompression/diversion—bowel rest in GI fistulae
- Patients with impaired absorption due to systemic illnesses such as Crohn's disease
 - Systemic sclerosis
 - Radiation enteritis
- Patients requiring additional nutritional supplementation
 - Severe burns
 - Hydrocephalus
 - Severe congenital heart disease

Following Documents must be included in the Claim Processing of gastrostomy along with the pre-requisite documents.

Mandatory documents

- Clinical notes, specifying need for gastrostomy (indication)
- Clinical Evaluation
- Planned line of treatment
- Detailed Indoor case papers (ICPs)
- Detailed Procedure / operative notes
- Detailed discharge summary

2.2.13. Fistulectomy

Following documents must be included in the claim processing of the fistulectomy, along with the pre requisite documents.

- CBC
- Virology for infectious diseases i.e. HBSAG, HCV
- OT Notes
- Consent Form

2.2.14. Lipoma/Sebaceous Cyst/Dermiod Cyst/Soft Tissue Tumor

Following documents must be included in the claim processing along with the pre requisite documents.

- Ultrasound (for large lipoma more than 3cm x 3cm)
- Photograph for exposed area, small lipoma (with consent in case of female patients)

2.2.15. Laparotomy

Following documents must be included in the claim processing along with the pre requisite documents.

- Ultrasound Abdomen (clearly identifying the lesion)
- Xray Erect Abdomen
- Baselines
- Viral Serology
- OT notes with operative findings

2.2.16. Exploratory Laparotomy (Tumors Resection)

Following documents must be included in the claim processing along with the pre requisite documents.

- CT Scan
- Operative Notes detailing operative findings
- Histopathology, where required
- Viral Serology

2.2.17. Exploratory Laparotomy (Tumors Resection Colostomy/Ileostomy)

Following documents must be included in the claim processing along with the pre requisite documents.

- CT Scan
- Operative Notes detailing operative findings
- Histopathology, where required
- Viral Serology

2.2.18. Exploratory Laparotomy (Peritonitis)

Following documents must be included in the claim processing along with the pre requisite documents.

- Xray Erect Abdomen
- CBC
- Ultrasound
- Operative Notes detailing operative findings
- Viral Serology

2.2.19. Exploratory Laparotomy (Trauma)

Following documents must be included in the claim processing along with the pre requisite documents.

- CBC
- FAST Scan (if not available then Ultrasound)
- Operative Notes detailing operative findings
- Viral Serology
- Xray

2.2.20. Incision and Drainage (GA) Major

Following documents must be included in the claim processing along with the pre requisite documents.

- Ultrasound
- Anesthesia Notes
- OT Notes
- Viral Serology
- Blood CP

2.2.21. Orchidopexy / Orchidectomy

Following documents must be included in the claim processing along with the pre requisite documents.

- Ultrasound Scrotum
- Viral Serology i.e. HBSAG, HCV
- Consent Form
- OT Notes

2.2.22. Breast Lump Excision

Following documents must be included in the claim processing along with the pre requisite documents.

- Ultrasound/Mammogram
- Viral Serology
- OT Notes

2.2.23. Mastectomy

Following documents must be included in the claim processing along with the pre requisite documents.

- FNAC
- Viral Serology
- OT Notes
- Ultrasound/Mammogram

Note: Above mentioned surgical procedures are the most common surgical procedures operated in Hospital, any other procedure will use the same pattern and sequence of documents mentioned in pre-requisite documents

SECTION C

OPHTHALMOLOGY

3.1. EYE SURGICAL CLAIMS

Following are the pre-requisite of all Eye Surgical Claims and must be included in all Eye Surgical Claims.

SLIC DOCUMENTS

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Discharge Slip and Feedback Form

Hospital Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
 - Patient Name
 - Age
 - Gender
 - Diagnosis
 - Surgical Procedure Details
 - Name, Signature and Stamp of Doctor

Note: Sticker + Pack of the Lens in case of Cataract should be attached with the OT Notes

- Investigation
 - Serological investigation / Blood Tests.
 - Viral Serology i.e. HBSAG, HCV
 - Investigation for Specific Procedures.
- Hospital Invoice
- Hospital Discharge Slip
- Other Supporting Documents depending on the nature of Treatment

3.2. Mandatory Documents for the Following Eye Surgical Procedures

3.2.1. Cataract

Following Mandatory Documents must be included in Cataract Claims along with pre-requisite documents.

- Viral Serology i.e. HBS Ag, HCV, BSR
- OT Notes
- Visual Acuity
- Lens Sticker + Pack
- Ocular biometry
- Clinical photograph of the affected part (For Female, Consent must be taken)
 - a. The cataract camping is not allowed unless prior approval is taken and activity is carried out under physical supervision of DMO, State Life.
 - b. Hydrophobic / Aspheric foldable lens is recommended; Rigid Lens will be not being allowed unless prior approval with cogent reason is taken
 - c. HFO must enter the product name of lens in the HMIS
 - d. The random patient will be called by State Life to ascertain Phaco/Open surgery
 - e. DMO will verify the quality of viscous material used for cataract.

CATARACT – STP

Please (✓) tick the relevant information.

Requirement	
Quality of Lens is (non-rigid) and up-to prescribed standard	<input type="checkbox"/>

Service providers are advised to maintain good quality of lenses for the said procedure.

3.2.2. Pteregium

Following Mandatory Documents must be included in Pteregium Claims along with pre-requisite documents.

- Viral Serology i.e., HBS Ag, HCV
- Consent Form
- Photograph of affected Eye
- OT Notes

3.2.3. DCR (Dacryocystorhinostomy) / Canaliculo Dacryocysto Rhinostomy (CDR)

Following Mandatory Documents must be included in DCR Claims along with pre-requisite documents.

- Viral Serology i.e. HBS Ag, HCV
- Consent Form
- OT Notes

3.2.4. Capsulotomy

Following documents must be included in the claim processing of the Capsulotomy along with the pre requisite documents.

- Clinical notes (detailing when was cataract surgery done & indication for doing the procedure with details of vision and fundus examination)
- Procedure Notes

3.2.5. Conjunctival Tumor Excision

Following documents must be included in the claim processing of the Conjunctival tumor excision along with the pre requisite documents.

- Clinical notes /medical history
- Clinical photograph of the affected eye
- Detailed discharge summary
- Procedure /operative notes
- Histopathology report (if required)
- Postoperative photograph after excision
- Blood CP

3.2.6. Enucleation /evisceration /Exenteration /Socket reconstruction

Following documents must be included in the claim processing of the Pericardiocentesis along with the pre requisite documents.

- Clinical notes with indication
- Recommendation /Opinion of 2nd ophthalmologist for the procedure
- Clinical photograph of affected eye
- CT-Scan /MRI of head (including affected eye)
- Procedure/operative notes
- Histopathology report /filled specimen form sent for histopathology
- Barcode /sticker of the implant (if used)

3.2.7. GLAUCOMA SURGERY / CYCLOPHOTOCOAGULATION/ Trabeculectomy/ Shunt Surgery

Following documents must be included in the claim processing for the Glaucoma surgery along with the pre requisite documents.

- Clinical notes
- Indication
- Perimetry examination (in elective cases)
- Intra-ocular pressure measurement
- Clinical photograph
- B Scan
- BSR

3.2.8. Retinal laser photocoagulation

Following documents must be included in the claim processing of the Retinal laser photocoagulation, along with the pre requisite documents.

Indications

- Proliferative diabetic retinopathy, diabetic macular edema
- Retinal ischemia, Retinal neovascularization, retinal tears
- Retinoblastoma, retinopathy of prematurity

Following documents must be included in the claim processing of the Retinal laser photocoagulation along with the pre requisite documents.

- Clinical notes /medical history
- B scan
- Perimetry
- Procedure/operative notes

3.2.9. Squint correction /Minor – up to 2 muscle, Major – 3 or more muscles

Following documents must be included in the claim processing of the Squint correction along with the pre requisite documents.

- Clinical notes detailing which muscle is affected
- Clinical photograph
- Indication for GA, if required
- Procedure/operative notes

3.2.10. Orbitotomy

Indications:

- Space occupying lesion/ tumor/ foreign body/ abscess in the orbit.

Following documents must be included in the claim processing of the orbitotomy along with the pre requisite documents.

- Clinical notes with indication
- CT scan of Head (including affected eye)
- Clinical Photograph of the affected eye
- Procedure/ operative notes
- Histopathology report
- Still image of the gross specimen removed

Note: Above mentioned surgical procedures are the most common eye surgical procedures operated in Hospital, any other procedure will use the same pattern and sequence of documents mentioned in pre-requisite documents on Page 25.

SECTION D OTOLARYNGOLOGY (ENT)

State Life Claim Document

4.1. ENT (Ear, Nose and Throat) Claims

Following are the pre-requisite of all ENT Claims and must be included in all ENT Claims irrespective of the nature of the treatment.

SLIC Documents

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Case Sheet
- Discharge Slip and Feedback Form

Hospital Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
 - must include the following in proper order
 - Patient Name
 - Age of Patient
 - Gender
 - Disease Diagnosis
 - Surgical Procedure Details/Findings
 - Doctor (Surgeon) Name, Signature and Stamp
 - Date
- Investigations
 - Blood Tests
 - Radiological Tests
 - Any other Investigation
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents

4.2. Mandatory Documents for the Following ENT Claims

4.2.1. Tonsillectomy

Following Documents must be included in the Claim Processing of Tonsillectomy along with the pre-requisite documents.

- Doctor Prescription which clearly mentions recurrent episodes of Tonsillitis with Age at least > 5 years and > 7 episodes in one year or 5 episodes per year in 2 years.
- Justification of consultant is required if the age is <5 years, if needed the DMO will discuss the case with Consultant.
- CBC
- PT/APTT/INR (where required) / BT,CT
- Viral Serology i.e. HBSAG, HCV
- OT Notes
- Consent Form/ Performa
- Photograph of Throat – with complete face.

Tonsillectomy- STP

Please (✓) tick the relevant information.

Indication	
7 or more episodes in 1 year or	<input type="checkbox"/>
5 episodes per year for 2 years	<input type="checkbox"/>
3 episodes per year for 3 years	<input type="checkbox"/>
2 weeks or more of lost school or work in 1 year	<input type="checkbox"/>
Peritonsillar abscess	
In child-Done after 4-6 weeks after abscess has been treated	<input type="checkbox"/>
In adults- 2nd attack	<input type="checkbox"/>
Tonsillitis causing Febrile seizures	<input type="checkbox"/>
Hypertrophy of tonsils causing	
• Airways obstruction	<input type="checkbox"/>
• Difficulty in deglutition	<input type="checkbox"/>
• Interference with speech	<input type="checkbox"/>

Suspicion of malignancy	
In unilaterally enlarge tonsil suspect lymphoma in children and epidermoid carcinoma in adults	<input type="checkbox"/>

Must Attach

- Picture of Tonsillitis of Patient with Age < 11 Years
- If available, old records / prescription
-

4.2.2. **Septoplasty /Rhinoplasty / Submucous Resection/Turbinectomy**

Following Documents must be included in the Claim Processing of Septoplasty along with the pre-requisite documents.

- CBC
- X-Ray PNS
- Viral Serology
- OT Notes
- BT/CT (if required)

Septoplasty - STP

Please (✓) tick the relevant information.

Indication	Tick
Uncontrollable nosebleeds.	<input type="checkbox"/>
Nasal airway obstruction.	<input type="checkbox"/>
Nasal septal deformity that exists with other intranasal surgeries.	<input type="checkbox"/>
Nasal airway obstruction resulting from a septal deformity causing mouth breathing, recurrent nasal infections responding slowly to antibiotics and sleep apnea.	<input type="checkbox"/>

Must Attach

- X-Ray
- CT Where Required

4.2.3. Nasal Polypectomy

Following Documents must be included in the Claim Processing of Nasal Polypectomy along with the pre-requisite documents.

- CBC
- OT Notes
- Viral Serology i.e., HBS Ag, HCV
- BT/CT (if required)

4.2.4. Tympanoplasty/Myringoplasty

Following Documents must be included in the Claim Processing of Tympanoplasty along with the pre-requisite documents.

- CBC
- Viral Serology i.e., HBS Ag, HCV
- Consent Form
- OT Notes
- Hearing Test
 - I. Pure Tone Testing (Report)
 - OR
 - II. Audiometry Brainstem Response (EBR)

4.2.5. Functional Septo-Rhinoplasty

Indications

- Nasal obstruction
- Developmental/Congenital
- Post traumatic

Following documents must be included in the claim processing of functional septorhinoplasty along with pre-requisite documents.

- Clinical notes
- X-Ray PNS
- Operative/ procedure notes

4.2.6. Adenoidectomy

Indication;

- Inadequate or failed response to conservative management for obstructive sleep apnea in children (with or without tonsillectomy), persistent mouth breathing causing facial skeletal abnormality/ dental crowding,
- recurrent otitis media with effusion following grommet insertion, hearing loss due to persistent glue ear, recurrent rhino sinusitis, chronic adenoiditis

Following documents must be included in the claim processing of adenoidectomy along with pre-requisite documents.

- Clinical notes
- X-ray of Nasopharynx (lateral view)
- Procedure note/ operative note

4.2.7. Inferior turbinate reduction

Indications

- Symptomatic nasal obstruction secondary to enlarged/ hypertrophy of inferior turbinate

Causes:

- Secondary to:
 - Deviated nasal septum
 - Allergic/ vasomotor rhinitis
 - Chemical and physical toxins, anti-cholinergic medication, hormonal disorders, systemic diseases and acute and chronic inflammation of mucosal membrane
- Congenital anomalies

Following documents must be included in the claim processing of inferior turbinate reduction along with pre-requisite documents .

- Clinical notes
- X-ray PNS
- Procedure note/ operative note

4.2.8. Stapedectomy/ Tympanotomy

Indications:

- Conductive hearing loss (due to middle ear pathology like tympanosclerosis
- Ossicular chain fixation,
- Ossicular necrosis,
- Ossicular dislocation, middle ear adhesions

Following documents must be included in the claim processing of stapedectomy / tympanotomy along with pre-requisite documents.

- Clinical notes
- Audiometry report confirming conductive deafness and Tympanometry
- Procedure note/ operative note
- Invoice of the ossicular prosthesis/ piston used,

4.2.9. Tympanoplasty

Indications:

- Persistent ear discharge due to tympanic membrane perforation with conductive hearing loss
- Tympanic perforation without hearing loss or with sensorineural hearing loss

Following documents must be included in the claim processing of tympanoplasty along with pre-requisite documents.

- Clinical notes
- Audiogram report
- Procedure note/ operative note
- Invoice of the ossicular prosthesis used, if any

Note: Above mentioned surgical procedures are the most common ENT surgical procedures operated in Hospital, any other procedure will use the same pattern and sequence of documents mentioned in pre-requisite documents on Page 30.

SECTION E GYNECOLOGY AND OBSTETRIC

5.1. GYNECOLOGY CLAIMS

Following are the pre-requisite for all Gynecology claims and must be included in all Gynecology claims irrespective of the nature of treatment.

SLIC Documents

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Case Sheet
- Discharge Slip and Feedback Form

Hospital Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes OR Labour Room Notes (as the case may be)
OT Notes must include the following in proper order
 - Patient Name
 - Age of Patient
 - Disease Diagnosis
 - Surgical Procedure Details
 - Doctor (Surgeon) Name, Signature and Stamp
 - Date
- Investigation
Investigation must include CBC, Mother Blood Group and Baby Blood Group (in case of RH-Incompatibility), OBS Ultrasound Scan and Viral Serology.
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents

5.1.1. Caesarian Section

Before Opting for Caesarian Section, it must be ensured that the following indications of Caesarian Section are present in the patient.

Mandatory Documents for Caesarian Section

Following Documents must be included in the Claim Processing of Caesarian Section along with the pre-requisite documents.

- Prenatal Ultrasound
- Proper History and Examinations (PA & PV) Notes which indicates indication of C/Section
- Virology Screening HBSAG, HCV
- SLIC STP Performa must be attached
- OT Notes
- Blood Grouping of Both Mother and Baby
- Birth Certificate with sign and stamp (mentioning baby's gender)

Caesarean section – STP

Please (✓) tick the relevant information.

Failure to progress during labor	
Non-reassuring fetal status	<input type="checkbox"/>
Fetal malpresentation	<input type="checkbox"/>
Abnormal placentation (eg, placenta previa, vasa previa, placenta accreta)	<input type="checkbox"/>
Maternal infection with significant risk of perinatal transmission during vaginal birth	<input type="checkbox"/>
Fetal bleeding diatheses	<input type="checkbox"/>
Fundic presentation or cord prolapse	<input type="checkbox"/>
Suspected macrosomia (typically 5000 grams in women without diabetes, 4500 grams in women with diabetes)	<input type="checkbox"/>
Mechanical obstruction to vaginal birth (eg, large fibroid, severely displaced pelvic fracture, severe fetal hydrocephalus)	<input type="checkbox"/>
Uterine rupture	<input type="checkbox"/>
Prior uterine surgery that entered the endometrial cavity, such as myomectomy	<input type="checkbox"/>
Women who are at increased risk for complications/injury from cervical dilation, descent and expulsion of the fetus, or episiotomy.	<input type="checkbox"/>
Women with invasive cervical cancer,	<input type="checkbox"/>
Active perianal inflammatory bowel disease	<input type="checkbox"/>
History of repair of a rectovaginal fistula or pelvic organ prolapse	<input type="checkbox"/>

C-Section on maternal request	<input type="checkbox"/>
Cephalo-Pelvic Disproportion (CPD)	<input type="checkbox"/>
Previous C-Section	<input type="checkbox"/>
Transverse lie	<input type="checkbox"/>
Severe Pre-Eclampsia	<input type="checkbox"/>
HELLP Syndrome (Hemolysis, Elevated Liver Enzymes and Low Platelets Level)	<input type="checkbox"/>
Foltling Breech	<input type="checkbox"/>
Fetal Distress <ul style="list-style-type: none"> • Meconium Stained Liquor • Fetal BradyCardia • Cord Around the neck 	<input type="checkbox"/>

5.1.2. Normal Vaginal Delivery (NVD)

Following Documents must be included in the Claim Processing of Normal Vaginal Delivery along with the pre-requisite documents:

- CBC
- Virology Screening HBSAG, HCV
- Mother Blood Group (where required)
- Baby Blood Group (where required)
- Labour Room Notes
- PA /PV Findings

Note: Injection Anti-D Receipt and Evidence on Treatment Chart in case of RH- incompatibility.

5.1.3. Hysterectomy

Before operating for Hysterectomy, it must be insured that following indications of Hysterectomy are present.

Indications for Hysterectomy

- Age is more than 55 Years with dysfunction Uterine Bleeding (DUB)
- Age is more than 40 Years but completed family with dysfunction Uterine Bleeding.
- For females within reproductive age and unmarried, Trans-Arterial Embolization should be performed, under tertiary care treatment (by special approval, if limits permit) where surgery is not indicated.
- Social hysterectomy will not be covered under the program.

Note: Proper History which clearly shows an underlying pathology with an indication of Hysterectomy. Dysfunctional Uterine Bleeding alone is not sufficient for Hysterectomy.

Mandatory Documents for Hysterectomy

Following Documents must be included in the Claim Processing of Hysterectomy along with the pre-requisite documents.

- Ultrasound Abdomen and Pelvis
- CBC
- Viral Serology
- Hormonal Treatment Record which was taken for Dysfunctional Uterine Bleeding (in case female is of child bearing age and is unmarried)
- OT Notes
- If Age of Patient <50 Years, the Opinion of Gynecologist
- State Life's STP

Hysterectomy – STP

Please (✓) tick the relevant information.

Indication	
Uterine leiomyomas	<input type="checkbox"/>
Pelvic organ prolapses	<input type="checkbox"/>
Malignant and premalignant disease	<input type="checkbox"/>
Abnormal uterine bleeding	<input type="checkbox"/>
Pelvic pain or infection (e.g., endometriosis, pelvic inflammatory diseases) ***	<input type="checkbox"/>
***Relevant Blood Results	

Must Attach

- If Age of Patient <50 Years, the Opinion of Gynecologist
- Ultrasonography Report

5.1.4. Imperforate Hymen / Hymenectomy**Mandatory Documents for imperforate hymen**

Following Documents must be included in the Claim Processing of the Hymenectomy along with the pre-requisite documents.

- Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission USG pelvis
- Planned line of treatment
- Investigation reports
- Detailed procedure/operative notes

5.1.5. Urethrovaginal fistula

Mandatory Documents for urethrovaginal fistula

Following Documents must be included in the Claim Processing of the urethrovaginal fistula along with the pre-requisite documents.

- Detailed Clinical notes with history.
- Indications, symptoms, signs, examination findings.
- Advice for admission USG pelvis/abdomen.
- Three swab test.
- Detailed procedure/operative notes.
- CBC
- Virology
- Urine RE

5.1.6. Cervical Elongation/prolapse

Mandatory Documents for cervical elongation/prolapse

Following Documents must be included in the Claim Processing of the cervical elongation/prolapse along with the pre-requisite documents.

- Detailed Clinical notes
- USG Abdomen/pelvis
- Blood CP
- Virology
- Detailed procedure/operative notes

5.1.7. Excision of Vaginal Septum

Mandatory Documents for excision of vaginal septum

Following Documents must be included in the Claim Processing of the excision of vaginal septum along with the pre-requisite documents.

- Detailed Clinical notes
- PV Examination
- Pelvic/Abdominal USG
- Blood CP
- Virology
- Detailed procedure/operative notes

5.1.8. Ovarian/Adnexal Cystectomy

Following Documents must be included in the Claim Processing along with the pre-requisite documents

- Ultrasound
- Operative findings
- Viral Serology
- BLIs

5.1.9. D&C/E&C/TOP

Following Documents must be included in the Claim Processing along with the pre-requisite documents

- Ultrasound
- Blood CP
- Viral Serology
- Procedure Notes

DILATATION & CURETTAGE - STP

Please (✓) tick the relevant information.

Indication	
Patient intolerance of office endometrial biopsy due to pain or anxiety.	<input type="checkbox"/>
Inability to sample endometrium in the office due to cervical stenosis.	<input type="checkbox"/>
Office endometrial biopsy with insufficient tissue for diagnosis.	<input type="checkbox"/>
Office biopsy results that are inconsistent with imaging findings (such as inactive endometrium in a woman with imaging suggestive of mass or polyp).	<input checked="" type="checkbox"/>
Persistent abnormal uterine bleeding (AUB) or postmenopausal bleeding after a benign office biopsy.	<input type="checkbox"/>
To exclude endometrial carcinoma in women with a diagnosis of atypical hyperplasia (also referred to as endometrial intraepithelial neoplasia) on office sampling.	<input type="checkbox"/>
Instead of office endometrial biopsy when a concomitant procedure such as hysteroscopy or laparoscopy is planned.	<input type="checkbox"/>
Examination for villi in the evaluation of a patient with an abnormal pregnancy of unknown location.	<input type="checkbox"/>
Therapeutic indications	
Temporary management of women with prolonged or excessive bleeding who are unresponsive to hormonal therapy, have contraindications to hormonal therapy, or are hemodynamically unstable and need immediate treatment.	<input type="checkbox"/>
Indications for therapeutic D&C associated with pregnancy include:	<input type="checkbox"/>
Induced abortion.	<input type="checkbox"/>
Treatment of early pregnancy failure – Missed or incomplete spontaneous abortion.	<input type="checkbox"/>

Evacuation of suspected molar pregnancy	<input type="checkbox"/>
Suspicion of retained products of conception postpartum or after first- or second-trimester evacuation.	<input type="checkbox"/>

5.1.10. Cystocele/Rectocele Repair

Following Documents must be included in the Claim Processing along with the pre-requisite documents

- OT Notes
- Viral Serology
- Clinical Notes

5.1.11. Myomectomy

Following Documents must be included in the Claim Processing along with the pre-requisite documents

- Ultrasound Abdomen and Pelvis
- CBC
- Viral Serology
- OT Notes
- Biopsy Report

Note: Above mentioned surgical procedures are the most common Gynecology procedures operated in Hospital, any other procedure will use the same pattern and sequence of documents mentioned in pre-requisite documents on Page 35.

Notes:

- C-Section and Hysterectomy should not be done on Patient/Attendant Demand
- Male Surgeon should not be allowed to operate C-Section and Hysterectomy without prior approval from Gynecologist

SECTION F

CARDIOLOGY

5.1. CARDIOVASCULAR PROCEDURES CLAIMS

Following are the pre-requisite for all cardiovascular claims and must be included in all cardiovascular claims irrespective of the nature of treatment.

SLIC Documents

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Case Sheet
- Discharge Slip and Feedback Form

Hospital Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
OT Notes must include the following in proper order
 - Patient Name
 - Age of Patient
 - Gender
 - Disease Diagnosis
 - Surgical Procedure Details
 - Doctor (Surgeon) Name, Signature and Stamp
 - Date
- Investigations (Details of Investigations are given on next page)
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents

5.2. Mandatory Documents for Following Cardiovascular

5.2.1. Angioplasty

Following Documents must be included in the Claim Processing of Angioplasty along with the pre-requisite documents.

- Angiography Report

- Angioplasty reports along with all required stickers, for example
 - I. Stents
 - II. Balloons
 - III. Catheters
- CD
- RFTs
- ECG
- Echocardiography Report
- Virology Report
- Consent Form

PCI - STP

STEMI

<input type="checkbox"/>	Primary PCI (within two hours of presentation) [Symptoms, ECG]
<input type="checkbox"/>	STEMI and ischemic symptoms of less than 12 hours' duration.
<input type="checkbox"/>	STEMI and ischemic symptoms of less than 12 hours' duration and contraindications to fibrinolytic therapy

NSTEMI

<input type="checkbox"/>	Early invasive therapy (within 2 hours of symptoms) recommended with refractory angina, recurrent angina, symptoms of heart failure, new or worsening mitral regurgitation, hemodynamic instability, or sustained ventricular tachycardia/fibrillation. [ECG, Enzymes]
<input type="checkbox"/>	A worsening of troponin levels should trigger an early therapy (within 24 hours)

Unstable Angina

<input type="checkbox"/>	Yes/No [Symptoms, ECG]
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Stable Angina

Please mark relevant information

<input type="checkbox"/>	Patients with activity-limiting symptoms despite maximum medical therapy. [Symptoms, Stress Test]
<input type="checkbox"/>	Active patients who want PCI for improved quality of life compared to medical therapy, such as those who are not tolerating medical therapy well, or who want to increase their activity level. [Symptoms, Stress Test,]
<input type="checkbox"/>	Patients with anatomy for which revascularization has a proven survival benefit such as significant left main coronary artery disease (≥ 50 percent luminal narrowing) or multivessel coronary artery disease ($\geq 70\%$) with a reduction of left ventricular ejection fraction and a large area of potentially ischemic myocardium.

Angina Equivalent

- ☐ Dyspnea
 ☐ Arrhythmias
 ☐ Dizziness or syncope

High-risk stress test findings

ETT	rMPI	Stress Echocardiography
<input type="checkbox"/> ECG evidence of inducible ischemia (≥ 1 mm of down sloping or flat ST segment depression during exercise or recovery)	<input type="checkbox"/> Extensive ischemia	<input type="checkbox"/> Inducible ischemia
<input type="checkbox"/> ECG evidence of inducible ischemia (≥ 1 mm of downsloping or flat ST segment depression during exercise or recovery)	<input type="checkbox"/> Ischemia in more than one coronary artery territory	<input type="checkbox"/> ECG changes

<input type="checkbox"/> Early onset (stage 1) or prolonged duration (>5 minutes) of ST depression	<input type="checkbox"/> Ischemia in multiple segments	<input type="checkbox"/> Arrhythmias
<input type="checkbox"/> Multiple leads (>5) with ST depression	<input type="checkbox"/> LVEF <45 percent	
<input type="checkbox"/> ST segment elevation (in leads without pathologic Q waves and not in aVR)	<input type="checkbox"/> Large fixed defects	
<input type="checkbox"/> Ventricular couplets or tachycardia at a low workload or during recovery	<input type="checkbox"/> Transient or persistent LV cavity dilatation	

☐ PCI is indicated for the critical coronary artery stenosis ($\geq 70\%$), which does not qualify for coronary artery bypass surgery (CABG).

Discussed in MDT meeting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5.2.2. Angiography

Following Documents must be included in the Claim Processing of Angiography along with the pre-requisite documents.

- Proper Medical History including indications for Angiography
- Cardiac markers, where indicated
- ECG
- RFTs
- Echocardiography
- CD (+ Angiography Printed Report)
- ETT in case of Stable Angina
- State Life's STP

Note. PMO prior approval would be required for non-emergency Re-Angio within 6 Months.

Coronary Angiography – STP

Please (✓) tick the relevant information. Also specify if results are (+ve) positive or (-ve) negative

Acute Coronary Artery Disease

Diagnosis	Symptoms	ECG	Markers/Enzymes	Echo
STEMI				
NSTEMI				
USA				

Stable Coronary Artery Disease

Diagnosis	Symptoms	ECG	ECHO	ETT	Nuclear Scan
New Onset Angina					
Recurrent Angina					
Valve Disease					
Cardiomyopathies					
Arrhythmias					
Other Please Specify: _____					

Coronary Angiography Results:

<input type="checkbox"/> Normal	<input type="checkbox"/> On Medical Treatment	<input type="checkbox"/> PCI	<input type="checkbox"/> CABG/Surgery	<input type="checkbox"/> If Other Please Specify: _____
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TYPE OF PCI

<input type="checkbox"/> Primary	<input type="checkbox"/> Rescue	<input type="checkbox"/> Facilitated	<input type="checkbox"/> Elective
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5.2.3. Coronary Artery Bypass Surgery (CABG)

Following Documents must be included in the Claim Processing of CABG along with the pre-requisite documents.

- ECG
- Echocardiography
- Angiography Report
- Virology Reports i.e. HBS Ag, HCV
- OT Notes including CPB details
- CBC
- RFTs
- Post Op Xray chest

5.2.4. Ischemic Heart Diseases/Myocardial Infarction/CCU

Following Documents must be included in the Claim Processing of Ischemic Heart Diseases/Myocardial Infarction along with the pre-requisite documents.

- Complete Medical History

- ECG
- Echocardiography (where required)
- Cardiac Markers such as Troponin-I/T and CK-MB
- Treatment Chart which must include Nursing Notes, Daily Progress Report, Temperature Monitoring and Intake Output Record.

5.2.5. Valvular heart diseases /congenital heart defect

Following documents must be Included in the claim processing of valvular heart diseases/congenital defect, along with the pre requisite documents

- Clinical notes / Complete medical history
- Pre and post procedure Echo Cardiography / Doppler report
- Procedure operative notes
- Angiography report
- In case of valve replacement need valve sticker
- Detailed discharge summary
- Post Op Xray Chest

5.2.6. Electro physiological study &Electro physiological study with Ratio Ablation.

Indication of the EPS

- Supra ventricular tachycardia
- Ventricular tachycardia
- Sinus node dysfunction
- Conduction abnormalities
 1. Atrioventricular block
 2. Bundle branch block/bifascicular block /trifascicular block/intraventricular conduction disease
 3. Evaluation syncope

Indication of Radiofrequency Ablation

- Recurrent SVT
- Refractory AVNRT
- Atrial tachycardia
- Accessory pathway

Following documents must be included in the claim processing of eps /RFA,along with the pre requisite documents.

- Clinical notes

- Ecg with report of cardiologist
- Echo/colour Doppler
- Procedure/operative notes
- Ep study report
- Catheters sticker

5.2.7. Balloon pulmonary Valvotomy

Indication for intervention

- New born with severe Valvular PS with duct dependent circulation
- Infant or children with RV dysfunction with valvular PS regardless of valve gradient.
- Valvular PS with peak gradient >64mmHg

Following documents must be included in the claim processing of balloon valvotomy, along with the pre requisite documents.

- Clinical notes with planned line of treatment
- Detailed echo report pre and post procedure
- Procedure notes /operative notes
- Sticker of balloon
- Detailed discharge summary

5.2.8. PDA Stenting /device closure

Following documents must be included in the claim processing of the PDA Stenting/Device closure along with the pre requisite documents.

- Clinical notes
- Echo report (pre and post procedure)
- Cardiac Catheterization report
- Procedure /operative notes
- Device or stent sticker

5.2.9. BALLOON AORTIC VALVOTOMY

Following documents must be included in the claim processing of Balloon aortic valvotomy along with the pre requisite documents.

- Clinical notes with planned line of treatment
- Detailed echo report
- Procedure notes /operative notes with indication of procedure.
- Post echo report
- Detailed discharge summary

- Balloon sticker

5.2.10. PERICARDIOCENTESIS

Following documents must be included in the claim processing of the Pericardiocentesis along with the pre requisite documents.

- Clinic notes /medical history
- Echo/ color Doppler report
- Procedure /operative notes
- Post procedure echo /colour Doppler report
- Analysis of fluid removal, where indicated
- Xray Chest

5.2.11. Permanent pacemaker implantation -single chamber/Double chamber

Following documents must be included in the claim processing of the permanent pacemaker single/double chamber along with the pre requisite documents.

- Clinical notes /medical history with indication for implantation
- Ecg with report of cardiologist
- Angiogram report, if done
- Procedure/operative notes
- X-ray showing pacemaker in situ
- Sticker/barcode of designated Pacemaker

5.2.12. Tetralogy of Fallot Repair / BT Shunt

Following documents must be included in the claim processing of the Tetralogy of Fallot along with the pre requisite documents.

- Clinical notes /medical history
- Echo/Doppler report
- Cardiac Catheterization report
- Procedure/operative notes
- Post procedure echo report
- Detailed discharge summary

5.2.13. Aortic Pulmonary (AP) Window repair

Following documents must be included in the claim processing of the Aortic Pulmonary window repair along with the pre requisite documents.

- Clinical notes /medical history
- Echo /Doppler report
- Procedure /operative notes
- Post procedure echo report
- Detailed discharge summary

5.2.14. Cardiac Cath

Following Documents must be included in the Claim Processing of Angiography along with the pre-requisite documents.

- ECG
- RFTs
- Cardiac Cath report
- Echocardiography

Note: Above mentioned surgical procedures are the most common cardiac procedures operated in Hospital, any other procedure will use the same pattern and sequence of documents mentioned in pre-requisite documents on Page 42.

SECTION G

ORTHOPEDIC

7.1. ORTHOPEDIC SURGICAL CLAIMS

Following are the pre-requisite for all Orthopedic Surgical Claims and must be included in all Orthopedic Surgical claims irrespective of the nature of treatment.

SLIC Documents

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Case Sheet
- Discharge Slip and Feedback Form

Hospital Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
OT Notes must include the following in proper order
 - Patient Name
 - Age of Patient
 - Gender
 - Disease Diagnosis
 - Surgical Procedure Details
 - Doctor (Surgeon) Name, Signature and Stamp
 - Date
- Investigation
Investigation must include
 - Serological Investigation such as CBC
 - Viral Serology such as HBSAG, HCV
 - Implant and Cement Stickers
 - Radiology Investigation such as
 - I. Both Pre and Post Procedure X-Ray
 - II. CT Scan (where required)
 - III. MRI (where required)
 - IV. Ultrasound scan (where required)
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice

THR, TKR cases will be for Trauma Only with prior approval of PMO.

Decompression of Carpal Tunnel Syndrome – NCS

Note: These pre-requisite is for all Orthopedic Surgical Procedures except Specific Investigations which are mandatory for specific procedures.

State Life Claim Document

SECTION H

NEPHROLOGY/UROLOGY

8.1. NEPHRO/KIDNEY DISEASES/UROLOGY CLAIMS

Following Documents are a pre-requisite for all Nephro/Urology Claims and must be included in all Nephro/Urology Claims irrespective of the nature of Treatment.

SLIC Documents

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Case Sheet
- Discharge Slip and Feedback Form

Hospital Administration Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
 - I. Name
 - II. Age
 - III. Gender
 - IV. Disease Diagnosis
 - V. Surgical Procedure Details
 - VI. Doctor Signature and Stamp
 - VII. Date
- Investigation
 - I. Blood Test i.e. CBC, Serum Electrolytes, RFT etc.
 - II. Viral Serology i.e. HBS Ag, HCV
 - III. Radiological Investigation such as X-Ray Kub, Ultrasound Abdomen and Pelvis, CT/MRI
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents depending on the nature of Treatment

8.2. Mandatory Documents for the Following Nephro /Urology Claims

8.2.1. Ureteric Stone Removal (URS) or Kidney Stone/ Pyelolithotomy/Vesicolithotomy/ Ureterolithotomy / Litholapexy

Following Documents must be included in the Claim Processing of URS or Kidney Stone along with the pre-requisite documents.

- X-ray Kub (Post OP)
- Ultrasound Scan (Pre and Post OP)
- Urine R/E
- Viral Serology i.e. HBSAG, HCV
- Consent Form
- OT Notes

Pyelolithotomy - STP

Please (✓) tick the relevant information.

EMERGENCY	
Patients with obstructing stones and suspected or confirmed urinary tract infection (UTI)	<input type="checkbox"/>
Patients with bilateral obstruction and acute kidney injury (AKI)	<input type="checkbox"/>
Patients with unilateral obstruction with AKI in a solitary functioning kidney	<input type="checkbox"/>
ELECTIVE	
Ureteral stones > 10 mm	<input type="checkbox"/>
Uncomplicated distal ureteral stones ≤ 10 mm that have not passed after four to six weeks of observation, with or without medical expulsive therapy (MET)	<input type="checkbox"/>
Symptomatic kidney stones in patients without any other aetiology for pain	<input type="checkbox"/>
Pregnant patients with ureteral or kidney stones in whom observation has failed	<input type="checkbox"/>
Persistent kidney obstruction related to stones	<input type="checkbox"/>

Recurrent UTI related to stones	<input type="checkbox"/>
---------------------------------	--------------------------

Must Attach

- USG Report clearly mentioning the size of stones
- Urine RE

8.2.2. TURP (Trans urethral resection of Prostate)/TVP

Following Documents must be included in the Claim Processing of TURP/TVP along with the pre-requisite documents.

- CBC
- RFTs
- Urine RE
- Virology Report i.e., HBS Ag, HCV
- Ultrasound Report (Pre and Post OP) with Pre and Post void residual volume
- OT/Procedure Notes

TURP / TVP - STP

Please (✓) tick the relevant information.

INDICATION	
Moderate to Severe Urinary Symptom attributed to BPH refractory to medical therapy	<input type="checkbox"/>
Refractory urinary retention,	<input type="checkbox"/>
Recurrent UTI	<input type="checkbox"/>
Recurrent Gross Hematuria	<input type="checkbox"/>
Recurrent Bladder Stone	<input type="checkbox"/>
Bilateral Hydronephrosis with renal functional impairment	<input type="checkbox"/>

Must Attach

- USG
- Post-void residual volume
- Blood Test, RFT,
- Urinary RE, culture [where required]

8.2.3. TURBT

Following Documents must be included in the Claim Processing of TURP/TVP along with the pre-requisite documents.

- CBC
- RFTs
- Urine RE
- Virology Report i.e., HBS Ag, HCV
- Ultrasound Report (Pre and Post OP) with Pre and Post void residual volume
- OT/Procedure Notes
- Histopathology

8.2.4. Chronic Kidney Diseases (CKD)

Following Documents must be included in the Claim Processing of CKD along with the pre-requisite documents.

- CBC
- RFTs
- Serum Uric Acid
- Serum Electrolytes
- Urine RE
- Ultrasound Abdomen/Pelvis
- Serum Calcium and Phosphate, where required

Chronic Kidney Disease (CKD) - STP

Please (✓) tick the relevant information.

INDICATION	
Volume Overload despite optimal outpatient Management	<input type="checkbox"/>
Hyperkalemia	<input type="checkbox"/>
Metabolic Acidosis	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
Anemia	<input type="checkbox"/>
Malnutrition	<input type="checkbox"/>
Uremic bleeding	<input type="checkbox"/>
Pericarditis	<input type="checkbox"/>
Sepsis	<input type="checkbox"/>

Must Attach

- Blood Test (CBC, Serum Electrolyte, LFT, ACR, GFR)
- ECG, Echo, Chest X-Ray,
- Urine RE
- Blood Culture [if required]
- ABGs [if required]
- USG [where required]

8.2.5. Hydrocele/Varicocele

Following Documents must be included in the Claim Processing of Hydrocele along with the pre-requisite documents.

- CBC
- Ultrasound Scrotum
- Viral Serology i.e. HBSAG, HCV
- Consent Form
- OT Notes

8.2.6. Ureteral Stent Removal

Following Documents must be included in the Claim Processing of along with the pre-requisite documents.

- Xray (pre and post op)

8.2.7. Lithotripsy (per session)

Following Documents must be included in the Claim Processing of along with the pre-requisite documents.

- Xray (pre and post)
- Ultrasound (pre and post)
- Procedure Notes

8.2.8. Hypospadias Repair

Following Documents must be included in the Claim Processing of along with the pre-requisite documents.

- OT Notes
- Viral Serology
- Plan of Management

8.2.9. Nephrectomy

Following Documents must be included in the Claim Processing of along with the pre-requisite documents.

- OT Notes
- Renal Scan
- Viral Serology
- Blood CP
- RFT
- Ultrasound

8.2.10. Cystoscopy and proceed

Following Documents must be included in the Claim Processing of along with the pre-requisite documents.

- Ultrasound Scan (Pre OP)
- Urine R/E
- Viral Serology i.e. HBs AG, HCV
- Consent Form
- Procedure Notes

8.2.11. Hemodialysis flow sheet / Performa

Following Performa has been designed and is mandatory for all Dialysis claims

Visitno: _____

Dialysis Number: -----

Machine Number-----

Dialyzer

Haemodialysis Starting Time_____

Finishing Time_____

Dialysis Instructions

Pre-dialysis weight _____ . Dialysis duration_____

Dry weight _____ . Blood Flow Rate_____

Weight Gain (From Last Session) _____ . Heparin _____

Post dialysis weight _____ . Target UF _____

Erythropoietin	2000 unit	4000 unit	Nil
----------------	-----------	-----------	-----

Injection /Infusion/ medicine_____

Nursing Observations

Parameter	Pre- Dialysis	1 Hour	2 Hour	3 Hour	4 Hour	Post dialysis
General						
Pulse						
B.P						
Temp/ RBS						

Condition at Discharge Good Fair Poor

Comments_____

Staff Signature

8.2.11.1. Guidelines for DMOs/ Hospitals / Claim Committee

The key requirements for claim settlement are:

- Dialysis Referral Letter duly filled by the hospital (Separate flow sheet/ Discharge SLIP will not be required) (Annexure 'A')
- Photographic Evidence during dialysis (For specified hospitals as indicated by SLIC)
- Case Sheet (EOL Performa where limits exhausted)
- Claim Statement (having sign and stamp of hospital)
- Lab reports of relevant investigation

Guidelines for Hospitals / DMOs/ PMOs / Claim Committee

1. The dialysis Performa is mandatory for dialysis as specified in Annexure 'A'
2. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, serum electrolytes). In chronic renal failure/ chronic dialysis patient's investigations need to be done and submitted on monthly basis within existing dialysis package rate.
3. Quarterly- Serum Iron, TIBC, TSAT, calcium, phosphate, magnesium (One-day dialysis management charges will be payable to hospital only once per quarter for CKD with preauthorization).
4. Positive Machine record
5. Technician name along with stamp should also be mentioned
6. Erythropoietin is recommended once HB is below 10g/dl (adults). No separate fees would be charged.
7. A photographic evidence during dialysis process is must with clear mentioning date/time, visit no. DMO will guide specified hospital in this regard.
8. The medical monitoring team of SLIC may conduct dialysis machine performance test where indicated.
9. All investigation reports must be submitted with the case.
10. The nephrologist will ensure at least one visit in a week and hospital would mark those cases where visit of consultant has been done.

SECTION I

NEUROSURGERY

State Life Claim Document

9.1. NEURO SURGERY CLAIMS

Following Documents are a pre-requisite for all Neuro Surgery Claims and must be included in all Neuro Surgery Claims irrespective of the nature of Treatment.

SLIC Documents

- CNIC or Form B
- Family Head CNIC
- Referral Letter
- Claim Statement
- Case Sheet
- Discharge Slip and Feedback Form

Hospital Administration Documents

- Doctor Prescription or Hospital OPD Slip
- Consent Form
- OT Notes (Pattern)
 - I. Name
 - II. Age
 - III. Gender
 - IV. Disease Diagnosis
 - V. Surgical Procedure Details
 - VI. Doctor Signature and Stamp
 - VII. Date
- Investigation
 - I. Blood Test i.e. CBC
 - II. Viral Serology i.e. HBS Ag, HCV
 - III. Radiological Investigation such as CT/MRI
- Treatment Chart
- Hospital Discharge Slip
- Hospital Invoice
- Other Supporting Documents depending on the nature of Treatment

9.2. Mandatory Documents for the Following Neuro Surgery Claims

9.2.1. Laminectomy

Following mandatory Documents must be included in the claim processing of Laminectomy along with the pre-requisite documents.

- CBC
- Coagulation Profile (where required)
- CT/MRI Scan (Film/Report)
- Virology Reports i.e. HBS Ag, HCV
- Consent Form
- OT Notes

9.2.2. Laminectomy with Fusion

Following mandatory Documents must be included in the claim processing of Laminectomy along with the pre-requisite documents.

- CBC
- Coagulation Profile (where required)
- CT/MRI Scan (Film/Report)
- Virology Reports i.e. HBS Ag, HCV
- Consent Form
- OT Notes
- Xray Post Op

9.2.3. VP Shunt (Ventriculoperitoneal Shunt)

Following mandatory Documents must be included in the claim processing of VP Shunt along with the pre-requisite documents.

- CBC
- Coagulation Profile (where required)
- CT/MRI Scan (Film/Report)
- Virology Reports i.e. HBS Ag, HCV
- Consent Form
- OT Notes
- Shunt Sticker

Please note that low quality shunts e.g. Chabara etc. will not be payable.

9.2.4. Craniotomy

Following mandatory Documents must be included in the claim processing of Craniotomy along with the pre-requisite documents.

- CBC
- Coagulation Profile
- CT/MRI Scan (Film/Report)
- Virology Reports i.e. HBS Ag, HCV
- Consent Form
- OT Notes

9.2.5. Carpel Tunnel Release including NCS

Following mandatory Documents must be included in the claim processing along with the pre-requisite documents.

- NCS
- Procedure Notes

9.2.6. TPF

Following mandatory Documents must be included in the claim processing along with the pre-requisite documents.

- CBC
- Coagulation Profile (where required)
- CT/MRI Scan (Film/Report)
- Virology Reports i.e. HBS Ag, HCV
- Consent Form
- OT Notes
- Xray Post Op (AP + Lateral View)

9.2.7. Microdiscectomy

Following mandatory Documents must be included in the claim processing along with the pre-requisite documents.

- CBC
- Coagulation Profile (where required)
- CT/MRI Scan (Film/Report)
- Virology Reports i.e. HBS Ag, HCV
- Consent Form
- OT Notes

Note: Above mentioned surgical procedures are the most common neuro surgical procedures operated in Hospital, any other procedure will use the same pattern and sequence of documents mentioned in pre-requisite documents

State Life Claim Document

SECTION J

ENDOSCOPIC PROCEDURES

10.1. Upper GI Endoscopy/Sclerotherapy

Following mandatory Documents must be included in the claim processing along with the Pre requisites;

- CBC
- Viral Serology
- Ultrasound Abdomen
- Stool RE for occult blood, where required
- Detailed Endoscopic report with pictures

10.2. Upper GI Endoscopy with Biopsy

Following mandatory Documents must be included in the claim processing along with the Pre requisites;

- CBC
- Viral Serology
- Ultrasound Abdomen
- Stool RE for occult blood, where required
- Detailed Endoscopic report with pictures
- Biopsy report

10.3. Upper GI Endoscopy with Banding

Following mandatory Documents must be included in the claim processing along with the Pre requisites;

- CBC
- Viral Serology
- Ultrasound Abdomen
- Stool RE for occult blood, where required
- Detailed Endoscopic report with pictures

10.4. ERCP / ERCP - Failed

Following mandatory Documents must be included in the claim processing along with the Pre requisites;

- MRCP report
- Ultrasound Abdomen/Pelvis
- Detailed ERCP report with pictures
- Viral Serology
- LFTs

- Blood CP

10.5. ERCP – stent removal

Following mandatory Documents must be included in the claim processing along with the Pre requisites;

- Ultrasound Abdomen/Pelvis
- Detailed ERCP report with pictures
- Viral Serology
- LFTs
- Blood CP

State Life Claim Document

SECTION **MEDICINE**

11.1. NON SURGICAL CLAIMS/MEDICAL CLAIMS

Following Documents are a pre-requisite for all Non-Surgical Claims and must be included in all Non-Surgical Claims irrespective of the nature of Treatment.

State Life's Required Documents

- CNIC or Form B
- Referral Letter
- Claim Statement
- Discharge Slip and Feedback Form

Hospital Documents

- Doctor Prescription or Hospital OPD Slip
- Investigations
 - Blood Tests
 - Radiological Investigations
 - Any Other Investigations
- Treatment Chart
- Nursing Notes,
- Daily Progress Report
- Vital Record.
- Hospital Discharge Slip
- Pharmacy Invoice (in case of special medicine/special approval)
- Culture and Sensitivity and trials with empirical therapy (in case of special antibiotics)
- Hospital Invoice
- Other Supporting Documents

11.2. Mandatory Documents for the Following Medical Diseases

11.2.1. Pneumonia or Lower Respiratory Tract Infection (LRTI)

Following Documents must be included in the Claim Processing of Pneumonia along with the pre-requisite documents.

- RFT
- CBC
- Pneumonia Severity Index (PSI)
- Chest X Ray
- Treatment Chart

State Life Claim Document

Pneumonia / LRTI

Please (✓) tick the relevant information. (Based On Modified Pneumonia Severity Index (PSI))

Gender	Score	Tick
Male	0	<input type="checkbox"/>
Female	10	<input type="checkbox"/>
Demographics		
Age	1 Per Year	<input type="checkbox"/>
Elderly nursed at home	10	<input type="checkbox"/>
Comorbid illnesses		
Neoplastic disease (active)	30	<input type="checkbox"/>
Chronic liver disease	20	<input type="checkbox"/>
Heart failure	10	<input type="checkbox"/>
Cerebrovascular disease	10	<input type="checkbox"/>
Chronic renal disease	10	<input type="checkbox"/>

Physical Examination Findings		
Altered mental status	20	<input type="checkbox"/>
Respiratory rate ≥ 30 /minute	20	<input type="checkbox"/>
Systolic blood pressure < 90 mmHg	20	<input type="checkbox"/>
Temperature $< 35^{\circ}\text{C}$ (95°F) or $\geq 40^{\circ}\text{C}$ (104°F)	15	<input type="checkbox"/>
Pulse ≥ 125 /minute	10	<input type="checkbox"/>

Laboratory and radiographic findings	Score	Tick
Arterial pH < 7.35	30	<input type="checkbox"/>
Blood urea nitrogen ≥ 30 mg/dL (11 mmol/L)	20	<input type="checkbox"/>
Sodium < 130 mEq/L	20	<input type="checkbox"/>
Glucose ≥ 250 mg/dL (14 mmol/L)	10	<input type="checkbox"/>
Hematocrit < 30 percent	10	<input type="checkbox"/>
Partial pressure of arterial oxygen < 60 mmHg or oxygen saturation < 90 percent	10	<input type="checkbox"/>
Pleural effusion	10	<input type="checkbox"/>

Must Attach / Describe

- PSI Form
- Investigation Results
- Chest X-Ray
- CT where need
- Blood Gases (If available)

11.2.2. Urinary Tract Infection (UTI)

Following Documents must be included in the Claim Processing of Urinary Tract Infection along with the pre-requisite documents.

- Urine R/E
- CBC
- Ultrasound Abdomen + Pelvis
- Urine Culture (in case of special antibiotics)
- Treatment Chart

Urinary Tract Infection - STP

Please (✓) tick the relevant information.

INDICATION	
Sepsis [pyrexia, low BP, low urinary output, multi-organ failure, altered sensorium]	<input type="checkbox"/>
Persistent High Fever > 38.4	<input type="checkbox"/>
Pain	<input type="checkbox"/>
Inability to Maintain Oral Hydrations / Medications	<input type="checkbox"/>
Suspected Urinary Tract Obstruction	<input type="checkbox"/>
Multiple Comorbidities	<input type="checkbox"/>
Resistant UTI requiring inpatient parenteral antibiotics	<input type="checkbox"/>

Must Attach

- Blood test (CBC, RFT, LFT, Serum Electrolyte, CRP)
- ESR [where required]
- Stool RE / Culture [where required]

11.2.3. Acute Gastroenteritis with Severe Dehydration

Following Documents must be included in the Claim Processing of Acute Gastroenteritis along with the pre-requisite documents.

- Serum Electrolyte (for stay greater than 2 days)
- CBC
- Stool R/E (in case of Chronic Diarrhea)
- Treatment Chart

ACUTE GASTROENTRITIS - STP

Please (✓) tick the relevant information.

INDICATION	
Dehydrated	<input type="checkbox"/>
Fever	<input type="checkbox"/>
Sepsis	<input type="checkbox"/>

Must Attach

- Blood test (CBC, RFT, LFT, Serum Electrolyte, CRP)
- ESR [where required])
- Stool RE / Culture [where required]

11.2.4. Acute Exacerbation of COPD/Asthma/Bronchiectasis

Following Documents must be included in the Claim Processing of Acute Exacerbation of COPD along with the pre-requisite documents.

- CBC
- Chest X-ray
- Treatment Chart
- Complete Medical History

11.2.5. Acute Febrile Illness or Pyrexia of Unknown Origin (PUO)

Following Documents must be included in Claim Processing of Pyrexia of Unknown Origin (PUO) along with the pre-requisite documents.

- CBC or Peripheral Smear
- Malarial Parasite Test (where required)
- Urine R/E (where required)
- Blood Culture (Mandatory in Stay of more than two days)
- Treatment Chart

11.2.6. Stroke (Ischemic/Hemorrhagic)

Following Documents must be included in Claim Processing of Stroke along with the pre-requisite documents.

- CT Brain/MRI Brain (Film or Report)
- CBC
- Carotid Doppler (where available)
- Echo (where available)
- Treatment Chart

11.2.7. Diabetic Complication

Following Documents must be included in Claim Processing of Diabetes or its complication along with the pre-requisite documents.

- Fasting Blood Sugar (FBS) OR Random or Blood Sugar (RBS)
- Treatment Chart
- HBA1C (where stay more than 2 days)
- Detailed Physicians Notes will be needed in the management of following complications of Diabetes Mellitus
 - I. Nephropathy
 - II. Retinopathy
 - III. Neuropathy
 - IV. Diabetic Keto-acidosis: RBS Monitoring Chart and Treatment Chart along with Daily Progress Report (date and Time with Sign)
 - V. Urine for Ketones, ABGs and Serum Electrolytes

VI. Hypoglycemic shock (GCS, RBS and Treatment as well as Daily Progress Report)

Diabetes Complications (Hyper Glycemia)- STP

Please (✓) tick the relevant information.

	Mild	Moderate	Severe
Plasma glucose (mg/dL)	<input type="checkbox"/> >250	<input type="checkbox"/> >250	<input type="checkbox"/> >250
Plasma glucose (mmol/L)	<input type="checkbox"/> >13.9	<input type="checkbox"/> >13.9	<input type="checkbox"/> >13.9
Arterial pH	<input type="checkbox"/> 7.25 to 7.30	<input type="checkbox"/> 7.00 to 7.24	<input type="checkbox"/> <7.00
Serum bicarbonate (mEq/L)	<input type="checkbox"/> 15 to 18	<input type="checkbox"/> 10 to <15	<input type="checkbox"/> <10
Urine ketones	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive
Serum ketones - Nitroprusside reaction	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive
Serum ketones - Enzymatic assay of beta hydroxybutyrate (normal range <0.6 mmol/L)	<input type="checkbox"/> 3 to 4 mmol/L	<input type="checkbox"/> 4 to 8 mmol/L	<input type="checkbox"/> >8 mmol/L
Effective serum osmolality (mOsm/kg)	<input type="checkbox"/> Variable	<input type="checkbox"/> Variable	<input type="checkbox"/> Variable
Anion gap	<input type="checkbox"/> >10	<input type="checkbox"/> >12	<input type="checkbox"/> >12
Alteration in sensoria or mental obtundation	<input type="checkbox"/> Alert	<input type="checkbox"/> Alert/drowsy	<input type="checkbox"/> Stupor/coma

Must Attach

- Blood Results, Urinalysis, LFT
- ECG, Chest X-ray
- Blood Culture, ABGs, [where required]
- Urine RE [where required]

11.2.8. Chronic Liver Disease (CLD)

Following Documents must be included in the Claim Processing of CLD along with the pre-requisite documents.

- CBC
- LFTs
- PT, APTT, INR
- Ultrasound Abdomen and Pelvis
- Serum Ammonia (where required)
- Serum Albumin (where required)
- Ascites workup on Daily Progress Notes

Chronic Liver Disease (DCLD) - STP

Please (✓) tick the relevant information.

INDICATION	
Variceal Hemorrhage	<input type="checkbox"/>
Ascites	<input type="checkbox"/>
Spontaneous Bacterial Peritonitis	<input type="checkbox"/>
Hepatic Encephalopathy	<input type="checkbox"/>
Hepatorenal syndrome	<input type="checkbox"/>
Hepatopulmonary syndrome	<input type="checkbox"/>
Hepatocellular Carcinoma	<input type="checkbox"/>

Must Attach

- USG
- Blood Test (including CBC, LFT, RFT, INR, Albumin)
- alpha-fetoprotein (AFP)
- Blood Culture [where required]
- Serum Ammonia [where required]
- Ascites Fluid RE [Where required]
- Stool Occult Blood [Where required]

11.2.9. Dengue fever

Following documents must be included in the claim processing of Dengue fever along with the pre-requisite documents.

- Complete Blood Count (CBC)
- Clinical notes
- NS1 Antigen
- Treatment Chart
- Discharge Summary

11.2.10. Sepsis

Following documents must be included in the claim processing of sepsis along with the pre-requisite documents .

- Clinical notes
- Complete Blood count
- Urine Routine
- Planned line of management
- Culture reports- Blood & Urine
- Biochemistry- Renal Function Test, Liver Function Test, Serum Electrolytes
- Discharge summary

11.2.11. Ischemic Heart Disease/MI/ACS

Following documents must be included in the claim processing of IHD/MT/ACS along with the pre-requisite documents .

- Clinical notes
- ECG
- Cardiac markers
- Echocardiography
- Chest Xray

Heart Failure - STP

Please (✓) tick the relevant information.

EMERGENCY	
Not able to carry out normal activities despite optimum oral medication	<input type="checkbox"/>
Sign of fluids overload / failure	<input type="checkbox"/>

Deteriorating biochemical profile/ raised BNP	<input type="checkbox"/>
Radiological Signs / Evidence	<input type="checkbox"/>

Must Attach / Describe

- Chest X-Ray
- RFT
- NYHA Status
- Heart Rate
- JVP
- Pedal Edema
- Chest Crackle and Wheeze
- Ascites

NON-INVASIVE Hospital Management of IHD - STP

Please (✓) tick the relevant information.

INDICATION	
Not able to carry out normal activities despite optimal oral medication	<input type="checkbox"/>
Not suitable or non-consenting for revascularization	<input type="checkbox"/>

Must Attach / Describe

- Reason / Findings

11.2.12. ICU / HDU

Following documents must be included in the claim processing of ICU/HDU along with the pre requisite documents.

- Clinical notes
- ECG
- Xray
- Culture and Sensitivity, if required
- All relevant BLIs

11.2.13. CCU

Following documents must be included in the claim processing of CCU along with the pre requisite documents.

- Clinical notes
- ECG
- Echo
- Chest Xray
- Cardiac Markers
- Serum Electrolytes

11.2.14. NICU

Following documents must be included in the claim processing of NICU along with the pre requisite documents.

- Clinical notes
- BLIs
- Phototherapy record, where required

11.2.15. Hypertension Emergencies

Following documents must be included in the claim processing along with the pre requisite documents.

- Clinical Notes
- ECG
- BP chart

Note: Above mentioned non- surgical treatments are the most common non-surgical procedures treated in Panel Hospital, any other procedure will use the same pattern and sequence of documents used in pre-requisite documents

SECTION
BLOOD DISORDER

12. Blood Disorders

12.1. Thalassemia

Following information is mandatory:

Session Number: _____

Blood Bag No.: _____

Start Time: _____

Finish Time: _____

Investigations:

Patient					Donor	
Regularly	CBC		Serum Feratin		Blood Group	
Quarterly	Viral Serology		MP	USG	Cross Matching	
Annually	HIV		Syphilis		Viral Serology	

Please attach reports of investigations done.

Vitals:

Parameter	Pre-Transfusion	Post-Transfusion
Weight (kg)		
Pulse/min		
B.P.		
Temp		

Injections/Infusion:

Neurobion		Decadron		Hypertonic		Hyzone		Others	
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Chelating Agent: _____

Condition at Discharge: Good Fair Poor

Next Session Date: _____

Treatment Plan:

Comments:

Key Points

- All Claim Documents shall be prepared by the Hospital Administration within 10 days after the discharge of Patient from the Hospital.
- After Hospital Administration Signature, these Claim documents would be handed over to the concerned District Medical Officer. DMO must verify, sign and stamp the Claims within 4 days.
- Hospital shall send Claims to SLIC Claim Committee within 2 weeks of discharge of Patients from the Hospital.