15 -ാം കേരള നിയമസഭ

8 -ാം സമ്മേളനം

നക്ഷത്ര ചിഹ്നം ഇല്ലാത്ത ചോദ്യം നം. 592

<u>02-02-2023 - ൽ മറുപടിയ്ക്</u>

<u>ആർ.സി.സി. മെഡിസെപ്പ് ആനുകുല്യം</u>

	ചോദ്യം		ഉത്തരം	
	ശ്രീ. അനൂപ് ജേക്കബ്	ശ്രീ കെ എൻ ബാലഗോപാൽ (ധനകാര്യ വകപ്പ് മന്ത്രി)		
(എ)	തിരുവനന്തപുരം റീജിയണൽ കാൻസർ സെന്ററിൽ മെഡിസെപ്പ് ആനുക്ലല്യത്തിൽ നൽകി വന്നിരുന്ന ചികിത്സയിൽ എന്തെല്ലാം ആനുക്ലവ്യങ്ങളാണ് നിർത്തലാക്കിയതെന്ന് അറിയിക്കാമോ;	(എ)	മെഡിക്കൽ, സർജിക്കൽ, റേഡിയേഷൻ, ഓങ്കോളജി വകപ്പുകളിലായി മെഡിസെപ് പദ്ധതിയിൽ ഉൾപ്പെടുത്തിയിട്ടുള്ള ചികിത്സാ പ്രക്രിയകളെല്ലാം അനുബന്ധമായി ചേർക്കുന്നു. പ്രസ്തുത ചികിത്സകൾക്കെല്ലാം മറ്റേത് ആശുപത്രിയിലേയും പോലെ മെഡിസെപ് പരിരക്ഷയിൽ തിരുവനന്തപുരം റീജിയണൽ കാൻസർ സെന്ററിൽ നിന്നും ചികിത്സ ലഭ്യമാണ്. കൂടാതെ പാക്കേജിലില്ലാത്ത ചികിത്സാ പ്രക്രിയയ്ക്ക് 'unspecified' എന്ന വിഭാഗത്തിൽപ്പെടുത്തി 1.50 ലക്ഷം രൂപ വരെ അനുവദിച്ചുവരുന്നു. മെഡിസെപ് പദ്ധതിയിൽ ഉൾപ്പെട്ടിട്ടുള്ള ഒരു ചികിത്സയും RCC യിൽനാളിതുവരെ നിർത്തലാക്കിയിട്ടില്ലു.	
(ബി)	ഓറൽ കീമോതെറാപ്പിക്ക് നൽകി വന്നിരുന്ന ആനുകൂല്യം നിർത്തലാക്കാൻ ഇടയായ സാഹചര്യങ്ങൾ എന്തെല്ലാമാണെന്ന് വിശദമാക്കാമോ;	(ബി)	ഓറൽ കീമോതെറാപ്പി മെഡിസെപ് പദ്ധതിയുടെ പരിധിയിൽ വരുന്നതല്ല എന്ന് ഇൻഷ്യറൻസ് കമ്പനി അധികൃതർ ദൈവാര മെഡിസെപ് അവലോകന യോഗത്തിൽ അറിയിച്ചിട്ടുള്ള സാഹചരൃത്തിൽ പ്രസ്തൃത ആനുക്കലും പുനഃസ്ഥാപിക്കുന്നത് അപ്രായോഗികമാണ്.	
(സി)	ഓറൽ കീമോതെറാപ്പിക്ക് നൽകിവന്നിരുന്ന മെഡിസെപ്പ് ആനുകൂല്യങ്ങൾ പുനഃസ്ഥാപിക്കുന്നതിന് അടിയന്തര നടപടി സ്വീകരിക്കമോ; വിശദമാക്കാമോ?	(സി)	ഓറൽ കീമോതെറാപ്പി മെഡിസെപ് പദ്ധതിയുടെ പരിധിയിൽ വരുന്നതല്ല എന്ന് ഇൻഷുറൻസ് കമ്പനി അധികൃതർ ദൈവാര മെഡിസെപ് അവലോകന യോഗത്തിൽ അറിയിച്ചിട്ടുള്ള സാഹചരൃത്തിൽ പ്രസ്തൃത ആനുകളലും പുനഃസ്ഥാപിക്കുന്നത് അപ്രായോഗികമാണ്.	

സെക്ഷൻ ഓഫീസർ

1063	Anterior Cervical Spine Surgery With Fusion	45,600	47,900	52,700
1064	Excision Of Scalp Lesions	10,000	10,500	11,600
1065	Stereotactic Procedures	20,600	21,600	23,800
SURGICAL	ONCOLOGY			
1066	Thyroidectomy any type in malignant conditions	31,200	32,800	36,000
1067	Parathyroidectomy in malignant conditions	36,200	38,000	41,800
1068	Excision of Solitory Thyroid nodule in malignant conditions	37,200	39,000	43,000
1069	Thyroidectomy for solitary nodule in malignant conditions	38,800	40,800	44,900
1070	Laparoscopic Billateral adrenalectomy in malignant conditions	41,100	43,100	47,400
1071	Unilateral Adrenalectomy in malignant conditions	67,100	70,500	77,500
1072	Maxillectomy + Orbital Exenteration in malignant conditions	55,700	58,500	64,300
1073	Orbital Exenteration in malignant conditions	44,200	46,400	51,000
1074	Laproscopic Right Hemicolectomy in malignant conditions	40,000	42,000	46,200
1075	Hartman procedure in malignant conditions	51,300	53,900	59,200
1076	Laparoscopic Left Hemicolectomy in malignant conditions	40,000	42,000	46,200
1077	Sleeve Resection of Ear in malignant conditions	47,300	49,700	54,600
1078	Hemiglossectomy in malignant conditions	43,400	45,500	50,100
1079	Total Glossectomy + Reconstruction in malignant conditions(25.59)	59,400	62,300	68,500
1080	Parotidectomy any type in malignant conditions	26,200	27,500	30,300
1081	Excision of Submandibular gland in malignant conditions	26,900	28,200	31,100
1082	Palatectomy any type in malignant conditions	41,000	43,000	47,300
1083	Full Thickness Buccal Mucosal Resection & Reconstruction in malignant conditions(27.59)	65,100	68,400	75,200
1084	Excision of Parapharyngeal tumours in malignant conditions	48,900	51,400	56,500
1085	Resection of Nasopharyngeal Tumor in malignant conditions	79,300	83,300	91,600
1086	Laryngectomy Any Type in malignant conditions	69,700	73,200	80,500
1087	Laryngopharyngo Oesophagectomy in malignant conditions	99,100	1,04,100	1,14,500
1088	Tracheal Resection in malignant conditions - CA Thyroid/CA Trachea	66,800	70,100	77,200
1089	Sleeve Resection of Lung Cancer	1,10,100	1,15,600	1,27,200
1090	Lobectomy for Carcinoma Lung	77,900	81,800	90,000

004	Pneumonectomy for Carcinoma Lung	81,200	85,200	93,800
091		21,500	22,600	24,800
092	Icd + pleurodesis Solitary Lung Metastatectomy in	21,000		
093	Solitary Lung Metastatectomy in malignant conditions	70,000	73,500	80,800
	Lung Metastatectomy multiple in			91,100
094	malignant conditions	78,900	82,800	91,100
005	Resection of mediastinal tumors in	04.700	67,900	74,700
095	malignant conditions Superior Mediastinal	64,700	07,000	
	Suberior			
096	Dissection+Sternotomy in malignant conditions(77.31)	61,700	64,700	71,200
	Intercostal Drainage(Icd) in malignant			2 000
097	conditions	3,300	3,500	3,800
	Surgical Resection of Soft tissue /Bone	04.000	32,800	36,000
098	tumors of Chest wall	31,200	32,000	30,000
	Surgical Resection and Reconstruction			
099	of Soft tissue /Bone tumors of Chest	71,200	74,800	82,200
	wall in malignant conditions Full Thickness Buccal Mucosal	,		
1100	Resection & Reconstruction in malignant			07.700
100	conditions(27.59)	75,900	79,700	87,700
	IVC thrombectomy in malignant	E4 000	57,000	62,700
1101	conditions	54,300	37,000	
1102	IVC filters for tumour thrombus in	58,500	61,400	67,500
1102	malignant conditions	00,000		
1103	Vascular reconstruction with synthetic	71,900	75,400	83,000
	graft in malignant conditions Vascular reconstruction with auto graft in			22.222
1104	malignant conditions	78,000	81,900	90,000
1105	Microvascular reconstruction	92,800	97,400	1,07,200
1100	Vascular isolation and perfusion in			64,000
1106	malignant conditions	55,400	58,200	04,000
	Neck Dissection Any Type in malignant	04.000	35,700	39,300
1107	conditions	34,000	33,700	
	Retro Peritoneal Lymph Node			
1108	Dissection RPLND As Part Of Staging in	41,800	43,900	48,300
	malignant conditions Uni-lateral Inguinal Block Dissection in	, ,		00.100
1109	malignant conditions	31,300	32,800	36,100
	Bi-lateral Ilioinguinal block disection in		60,600	75,500
1110	malignant conditions	65,400	68,600	70,000
4444	Axillary Dissection in malignant	44 200	43,400	47,700
1111	conditions	41,300	70,700	
	Bilateral Pelvic Lymph Node			
1112	Dissection(BpInd) in malignant Bilateral	41,800	43,900	48,300
	Pelvic Lymph Node Bilateral pelvic lymph node			
4440	Bilateral pelvic lymph node dissection(bplnd)(CA. URINARY		10.500	40 200
1113	BLADDER)	41,800	43,900	48,300
	Retro Peritoneal Lymph Node			
1114	Dissection(Rolnd) (For Residual	00.100	84,100	92,500
	Disease) in malignant conditions	80,100	04,100	32,000
1115	Popliteal lymphadenectomy in malignant	30,900 _	32,400	35,700
1115	conditions		45,900	50,500
1116	Splenectomy in malignant conditions	43,700	40,000	3-7

1117	Transhiatal oesophagectomy in malignant conditions	82,100	86,200	94,800
1118	Oesophagectomy With Two Field Lymphadenectomy in malignant conditions(40.59)	1,18,800	1,24,700	1,37,200
1119	Oesophagectomy With Three Field Lymphadenectomy in malignant conditions(40.59)	1,21,500	1,27,600	1,40,300
1120	Substernal Gastric Bypass in malignant conditions	51,900	54,500	59,900
1121	Gastrostomy in malignant conditions	20,000	21,000	23,100
1122	Laparoscopic mobilization of stomach with distal gastrectomy with billroth i/ii anastomosis in malignant conditions	1,01,800	1,06,900	1,17,600
1123	Thoracoscopic Mobilization of Oesophagus + Laparoscopic Mobilization of stomach + Gastric Pull-	1,20,600	1,26,600	1,39,300
1124	Gastrectomy Any Type in malignant conditions	51,200	53,800	59,100
1125	Gastro Jejunostomy in malignant	50,900	53,400	58,800
1126	Small Bowel Resection in malignant conditions	49,200	51,700	56,800
1127	Colectomy Any Type in malignant conditions	54,100	56,800	62,500
1128	lleotransverse Colostomy in malignant conditions	60,900	64,000	70,400
1129	Colostomy in malignant conditions	21,200	22,300	24,500
1130	lleostomy in malignant conditions	33,200	34,900	38,400
1131	Jejunostomy in malignant conditions	31,900	33,400	36,800
1132	Laparoscopic anterior/low resection with stapplers with diversion covering ileostomy in malignant conditions	1,00,000	1,05,000	1,15,500
1133	lleostomy Closure in malignant conditions	25,900	27,200	29,900
1134	Colostomy Closure in malignant conditions	25,900	27,200	29,900
1135	Laparoscopic abdominoperineal resection in malignant conditions	1,00,000	1,05,000	1,15,500
1136	Abdomino Perineal Resection (Apr) + Sacrectomy in malignant conditions(77.99)	61,500	64,600	71,000
1137	Anterior Resection of rectum in malignant conditions	51,500	54,100	59,500
1138	Posterior Exenteration for Carcinoma Rectum	61,500	64,600	71,000
1139	Total Exenteration for Carcinoma Rectum	1,00,100	1,05,100	1,15,600
1140	Hepatectomies in malignant conditions	1,01,500	1,06,600	1,17,200
1141	Radical Cholecystectomy in malignant conditions	79,800	83,800	92,200
1142	Distal Pancreatectomy in malignant conditions	1,01,800	1,06,900	1,17,600

1143	Other Bypasses-Pancreas in malignant	52,300	54,900	60,400
	Inoperable Laparotomy in malignant	52,300	34,900	00,400
1144	conditions	37,800	39,700	43,600
1145	Abdominal Wall Tumor Resection in malignant conditions	54,300	57,000	62,700
1146	Resection With Reconstruction of Abdominal wall Tumors in malignant conditions	61,100	64,200	70,600
1147	Resection Of Retroperitoneal Tumors in malignant conditions	61,500	64,600	71,000
1148	Diagnostic Laparoscopy in malignant conditions	22,700	23,900	26,300
1149	Open Partial Nephrectomy	42,100	44,200	48,600
1150	Laproscopic radical nephrectomy in malignant conditions	1,00,000	1,05,000	1,15,500
1151	Radical Nephrectomy	52,100	54,700	60,200
1152	Nephroureterectomy For Transitional Cell Carcinoma Of Renal Pelvis in malignant conditions	66,500	69,800	76,800
1153	Urinary Diversion in malignant conditions(56.6/56.7)	64,800	68,000	74,800
1154	Other Cystectomies in malignant conditions	89,100	93,600	1,03,000
1155	Suprapubic cystostomy	18,500	19,400	21,400
1156	Open radical cystectomy with llealconduitdiversion	1,02,100	1,07,200	1,17,900
1157	Anterior Exenteration (CA. Urinary Bladder)	61,500	64,600	71,000
1158	Total Exenteration (CA. Urinary Bladder)	76,800	80,600	88,700
1159	Radical Prostatectomy in malignant conditions	89,100	93,500	1,02,900
1160	Channel TURP	41,100	43,100	47,400
1161	Scrotectomy in malignant conditions	41,700	43,800	48,200
1162	High Orchidectomy	22,900	24,000	26,400
1163	Bilateral Orchidectomy	25,200	26,400	29,000
1164	Emasculation in malignant conditions	41,800	43,900	48,200
1165	Total Penectomy	38,800	40,700	44,800
1166	Surgery For Carcinoma Ovary Early Stage	33,900	35,600	39,100
1167	Excision of Complex ovarian mass in malignant conditions	53,100	55,700	61,300
1168	Ovarian cystectomy in malignant conditions	53,000	55,700	61,200
1169	Unilateral Salpingo Oophorectomy in malignant conditions	31,500	33,100	36,400
1170	Surgery For Carcinoma Ovary Advance Stage	54,100	56,800	62,500
1171	Bilateral Salpingo Oophorectomy inmalignant conditions	30,900	32,400	35,700
1172	Radical Trachelectomy in malignant conditions	52,400	55,000	60,500
1173	Radical Hysterectomy in malignant	59,600	62,500	68,800

	conditions			
4474	Laparoscopic pelvic exenteration in			
1174	malignant conditions	1,20,000	1,26,000	1,38,600
1175	Anterior Exenteration - Carcinoma			
	Cervix	86,900	91,200	1,00,300
1176	Posterior Exenteration - Carcinoma	67,100	70,500	77,500
	Cervix Total Pelvic Exenteration - Carcinoma	07,100	70,300	77,300
1177	Cervix	1,00,100	1,05,100	1,15,600
4470	Supra Levator Exenteration - Carcinoma	-,,		
1178	Cervix	92,100	96,700	1,06,400
	Laparoscopic extraFACIAL			
1179	hysterectomy + multiple biopsies +	47.000	40.000	E4.000
	omentectomy in malignant conditions Laparoscopic ExtraFACIAL	47,600	49,900	54,900
1180	Laparoscopic ExtraFACIAL Hysterectomy with Bilateral pelvic node		,	
1100	dissection in malignant conditions	48,300	50,700	55,800
1181	Hysterectomy in malignant conditions	34,000	35,700	39,300
	Total Abdominal Hysterectomy(Tah) +	0 1,000	33,733	
	Bilateral Salpingo Ophorectomy (Bso) +			1
1182	Bilateral Pelvic Lymph Node Dissection			
	(Bplnd) + Omentectomy in malignant	04.000	07.400	74.000
	conditions	64,200	67,400	74,200
	Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (Bplnd) +			
1183	Bilateral Salpingo Ophorectomy			
1100	(Bso) /Ovarian Transposition in			
	malignant conditions	52,100	54,700	60,200
1184	Laparoscopic wertheim hysterectomy in			
1104	malignant conditions	56,200	59,000	64,900
1185	Radical Vaginectomy in malignant	EE 200	58,000	63,800
	conditions + Vaginectomy +	55,200	36,000	03,000
1186	Reconstruction(70.62)	62,600	65,800	72,300
1187	Vulvectomy in malignant conditions	47,400	49,700	54,700
	Cranio Facial Resection in malignant	47,400	40,700	01,700
1188	conditions	93,100	97,700	1,07,500
1189	Resection of Lateral Temporal Bone in			
1109	malignant conditions	69,900	73,400	80,800
1190	Subtotal Resection of Temporal Bone in	70 500	77 000	94.000
	malignant conditions Total Resection of Temporal Bone in	73,500	77,200	84,900
1191	malignant conditions	79,500	83,500	91,800
4406	Hemimandibulectomy in malignant	,	00,000	,
1192	conditions	39,300	41,200	45,300
1193	Marginal Mandibulectomy in malignant			
1133	conditions	48,000	50,400	55,500
1194	Maxillectomy Any Type in malignant	20.000	24 500	20,000
	conditions Mayillastomy & Infratomporal Forces	32,900	34,500	38,000
1195	Maxillectomy + Infratemporal Fossa Clearance in malignant conditions	67,500	70,900	77,900
1196	Bone Resection in malignant conditions	44,200	46,400	51,000
	Bone and Soft TissueTumors	44,200	40,400	31,000
1197	Amputation malignant conditions	29,800	31,300	34,400
	17 sapatation manghant containons	20,000	01,000	37,700

	Surgery (removal) for Bone/Soft tissue			
1198	tumors-Without Prosthesis in malignant	51,300	53,800	59,200
	conditions(83.49) Surgery (removal) for Bone / Soft tissue	31,000	00,000	
1199	tumors-With Custom Made Prosthesis in		7	
	malignant conditions(83.49+84.40)	87,600	92,000	1,01,200
	Surgery (removal) for Bone / Soft tissue			
1200	tumors-With Modular Prosthesis in	00 500	1,04,500	1,14,900
	malignant conditions(83.49+84.40)	99,500	1,04,500	1,14,500
1201	Shoulder Girdle Resection in malignant conditions	56,300	59,100	65,000
1202	Sacral Resection in malignant conditions	61,500	64,600	71,000
	Soft tissue and bone tumour wide	01,000	1 1,000	
1203	exision	16,800	17,600	19,400
1001	Soft tissue And Bone tumors wide			
1204	excision reconstruction	26,800	28,100	31,000
1205	Head and Neck - Wide Excision	41,100	43,100	47,400
1206	Forequarter Amputation in malignant	TO 100	00.400	04 400
	conditions	79,100	83,100	91,400
1207	Hemipelvectomy in malignant conditions	80,100	84,100	92,500
1208	Internal Hemipelvectomy in malignant	90 900	84,900	93,400
	conditions Curettage & Bone Cement in malignant	80,800	04,900	33,400
1209	conditions	52,600	55,300	60,800
	Mastectomy Any Type in malignant	02,000		
1210	conditions	30,900	32,400	35,700
1211	Breast Reconstruction Surgery	43,300	45,500	50,000
1212	Lumpectomy	3,400	3,600	3,900
	Wide Excision - Breast in malignant			
1213	conditions	5,800	6,000	6,600
4044	Skin Tumors Wide Excision in malignant		00.100	40.000
1214	conditions	36,600	38,400	42,200
	Skin Tumors wide Excision +			
1215	Reconstruction in malignant	41,800	43,900	48,300
	conditions(86.6/86.7) Wide local excision in malignant	41,000		
1216	conditions	64,600	67,800	74,600
1217	Wide local excision + reconstruction	67,000	70,400	77,400
	Skin Tumors amputation in malignant			
1218	conditions	26,200	27,500	30,200
4040	Reconstructon with Myocutaneous /			1- 400
1219	Cutaneous Flap in malignant conditions	39,300	41,200	45,400
1220	Composite Resection & Reconstruction -		70.400	70.000
1220	Head & Neck in malignant conditions	69,000	72,400	79,600
1221	Isolated limb perfusion-hyperthermia in	62,100	65,200	71,800
	malignant conditions	02,100	1 00,200	71,000
V	ONCOLOGY	0.700	2,000	. 4 300
1222	Prostate Cancer with Hormonal Therapy	3,700	3,900	4,300
	Chemotherapy for Breast Cancer with		1 100	4,800
1223		4 200	1 / / / / / /	
1223	Adriamycin / Cyclophosphamide (Ac) Chemotherapy for Bladder Cancer with	4,200	4,400	4,000

4005	Chemotherapy for Bladder Cancer with				
1225	Methotrexate Vinblastine Adriamycin Cyclophosphamide (Mvac)	6,000	6,300	6,900	
	Chemotherapy for Breast Cancer with 5-	0,000	0,000	0,000	
1226	Fluorouracil A-C (Fac)	4,200	^f 4,400	4,800	
4007	Chemotherapy for Non SMAL cell Lung				
1227	Cancer with Cisplatin/Etoposide (liib)	7,900	8,300	9,100	
1228	Chemotherapy for Non SMAL cell Lung				
1220	Cancer with Erlotinib	15,000	15,800	17,300	
1229	Chemotherapy for Non SMAL cell Lung Cancer with GEFITINIB	7,100	7,400	8,200	
1230	Chemotherapy for Non SMAL cell Lung Cancer with Paclitaxel /Carboplatin	10,300	10,800	11,900	
4004	Chemotherapy for Non SMAL cell Lung	-			
1231	Cancer with PEM + Cisplatin	20,300	21,300	23,400	
1232	Chemotherapy for Oesophageal Cancer	7,400	7,800	8,500	
	with Cisplatin/5fu Chemotherapy for Gastric Cancer with	7,400	7,000	0,300	-
1233	5- Fu Leucovorin (Mcdonald Regimen)	5,300	5,600	6,100	
	Chemotherapy for Vulval Cancer with	-,	1		
1234	Cisplatin/5-Fu	5,900	6,200	6,800	
1235	Chemotherapy for Gastric Cancer with				
1233	EOX	15,600	16,400	18,000	
1236	Chemotherapy for Gastric Cancer with Gemcitabine+Oxaliplatin	16,300	17,100	18,800	
	Chemotherapy for Gastric Cancer with	10,500	17,100	10,000	\neg
1237	Gemcitabine / Cisplatin	12,600	13,200	14,600	
1238	Ac (Ac Then T)	4,500	4,700	5,200	:
1239	Chemotherapy for Gastric Cancer with				
1233	Imatinib(CML)	5,600	5,900	6,500	
1240	Chemotherapy for Gastric Cancer with Dcf	18,300	19,200	21,100	
	Chemotherapy for Colorectal Cancer	10,300	13,200	21,100	
1241	with Monthly 5-Fu	6,400	6,700	7,400	
	Chemotherapy for Colorectal Cancer				
1242	with 5-Fluorouracil-Oxaliplatin				
	Leucovorin (Folfox) (Stage III) Only	12,400	13,000	14,300	
1040	Chemotherapy for Colorectal Cancer				
1243	with Capecitabine + bevacizumab (metastatic)	8,300	8,700	9,600	
	Chemotherapy for Colorectal Cancer	0,000			
1244	with Capecitabine + Oxalipantia				
	(adjuvant) and metastatic	12,600	13,200	14,500	
1245	Chemotherapy for Vaginal Cancer with	0.000	7 200	9 000	
	Cisplatin/5-Fu Chemotherapy for Colorectal Cancer	6,900	7,200	8,000	\dashv
1246	with Capacitabine	7,300	7,700	8,400	
1247	Chemotherapy for Bone Tumors with				
1471	Cisplatin/Adriamycin	7,600	8,000	8,800	
	Chemotherapy for Bone Tumors -				
1248	Hodgkin Lymphoma disease with Adriamycin Bleomycin Vinblastine				j
	Dacarbazine (Abvd)	5,600	5,900	6,500	
	,	- ,	-,		

	Chemotherapy for Non Hodgkin			
1249	Lymphoma with Cyclophosphamide Adriamycin Vincristine Prednisone (Chop)	5,100	5,400	5,900
1250	Chemotherapy for Breast Cancer with Paclitaxel	7,600	8,000	8,800
1251	Chemotherapy for Non Hodgkin Lymphoma with R - chop	45,300	47,600	52,300
1252	Chemotherapy for Multiple Myeloma with Vincristine, Adriamycin, Dexamethasone (Vad)	4,600	4,800	5,300
1253	Chemotherapy for Multiple Myeloma with Thalidomide+Dexamethasone(Oral)	5,000	5,200	5,800
1254	Chemotherapy for Multiple Myeloma with Melphalan Prednisone (Oral)	4,800	5,000	5,500
1255	Chemotherapy for Wilms Tumor with Siopwts Regimen(Stages I-III)	7,300	7,700	8,400
1256	Chemotherapy for Ovarian cancer with Carboplatin / Paclitaxel	11,300	11,900	13,000
1257	Chemotherapy for Hepatoblastoma operable with Cisplatin -Adriamycin	5,300	5,600	6,100
1258	Chemotherapy for Childhood B cell Lymphoma with variable regimen	22,100	23,200	25,500
1259	Chemotherapy for Neuroblastoma (Stages I-III) with Variable Regimen	11,500	12,100	13,300
1260	Chemotherapy for Neuroblastoma (Stages I-III) PCV (medulloblastoma)	5,600	5,900	6,500
1261	Chemotherapy for Retinoblastoma with Carbo/Etoposide/Vincristine	5,600	5,900	6,500
1262	Chemotherapy for Breast Cancer with Cyclophosphamide/ Methotrexate / 5fluorouracil (Cmf)	2,000	2,100	2,300
1263	Chemotherapy for Histiocytosis with Variable Regimen	5,300	5,600	6,100
1264	Chemotherapy for Rhabdomyosarcoma with Vincristine-Actinomycin-Chemotherapy for Rhabdomyosarcoma	9,600	10,100	11,100
1265	Chemotherapy for Ewings Sarcoma with Variable Regimen	5,300	5,600	6,100
1266	Chemotherapy for Acute Myeloid Variable Regimen	69,000	72,400	79,700
1267	Chemotherapy for Ovarian cancer with Germ Cell Tumor Bleomycin-Etoposide- Cisplatin (Bep)	8,600	9,000	9,900
1268	Chemotherapy for Acute Myeloid Leukemia with Consolidation Phase	66,300	69,600	76,600
1269	Chemotherapy for Acute Myeloid Leukemia with Maintenance phase	3,000	3,100	3,500
1270	Chemotherapy for Acute Lymphoblastic Leukemia with Induction 1st And 2nd Months	1,09,000	1,14,400	1,25,900
1271	Chemotherapy for Acute Lymphoblastic Leukemia with Induction 3rd, 4th, 5th	10,900	11,400	12,600

1272	Chemotherapy for Acute Lymphoblastic	40.000	40.000	44.000
	Leukemia with Induction Maintenance	12,300	12,900	14,200
1273	Palliative Chemotherapy for unlisted Regimen	5,600	5,900	6,500
1274	Chemotherapy for Breast Cancer with Tamoxifen Tabs	500	500	600
1275	Palliative And Supportive Therapy for terminally ill cancer patient	3,600	3,800	4,100
1276	Chemotherapy for Acute Myeloid Leukemia with Xelox Along With Adjuvant Chemotherapy Of As-I	12,000	12,600	13,800
1277	Chemotherapy for Multiple myeloma with Zoledronic Acid Along With Adjuvant Chemotherapy Of As-I	3,300	3,500	3,800
1278	Chemotherapy for low risk Gestational trophoblast DS with Weekly Methotrexate	2,300	2,400	2,600
1279	Chemotherapy for Multiple myeloma with Lenalidomide dexa	10,000	10,500	11,500
1280	Chemotherapy for Multiple myeloma with MPT(myeloma)	5,400	5,600	6,200
1281	Chemotherapy for Multiple myeloma with Imatinib (GSIT)	7,000	7,300	8,100
1282	Supportive Therapy (Third Generation Cephalosporin, Aminoglycoside Etc.,)	5,300	5,600	6,100
1283	Chemotherapy for Febrile Neutropenia with 2nd Line Iv Antibiotics And Other Supportive Therapy(Carbapenems, Fourth Generation Cephalosporins, Piperacillin, Anti-Fungal . Azoles Etc.,)	44,200	46,400	51,000
1284	Chemotherapy for Chronic lymphoid leukemia with Benadamustine	16,300	17,100	18,800
1285	Chemotherapy for Chronic lymphoid leukemia with Chilorambucil	3,000	3,100	3,500
1286	Chemotherapy for Breast Cancer with Aromatase Inhibitors	1,200	1,200	1,400
1287	Chemotherapy for Chronic lymphoid leukemia with IA	10,600	11,100	12,200
1288	Chemotherapy for Chronic lymphoid leukemia with Imatinib(CML)	7,000	7,300	8,100
1289	Chemotherapy for low risk Gestational trophoblast DS with Actinomycin	5,300	5,600	6,100
1290	Chemotherapy for Chronic lymphoid leukemia with Sunitinib	15,000	15,700	17,300
1291	Chemotherapy With Temozolamide(brain tumours)	10,000	10,500	11,600
1292	Chemotherapy With Benadamustin - RITUXIMAB	60,000	63,000	69,300
1293	Chemotherapy With TIP(GCT 2nd line)	20,000	21,000	23,100
1294	Chemotherapy for Breast Cancer with Docetaxel	10,300	10,800	11,900
1295	Chemotherapy for Cervical Cancer with Weekly Cisplatin	2,000	2,100	2,300

	Chemotherapy for high risk Gestational			
296	trophoblast DS with Etoposide-			
250	Methotrexate -Actinomycin /	7,600	8,000	8,800
	Cyclophosphamide Vincristine (Ema-Co) Chemotherapy for Testicular Cancer	.,,	,	
297	with Bleomycin with Etoposide-Cisplatin			. 0.000
291	(Bep)	8,600	9,000	9,900
	Chemotherapy Chemotherapy for		}	
298	Hepatoblastoma operable with	10.000	10,500	11,500
	Sorafenib	10,000	8,700	9,600
299	Chemotherapy with Capeiri(metastatic)	8,300	8,700	
300	Chemotherapy with Capeox(adjuvant)	7,800	8,200	9,000
	and metastatic	7,000		
NO. 40 YEST, 1988 S. 18 1 1973	Oncology	5,500	5,800	6,400
301	Acute lymphoblastic leukemia: radiation	3,300	0,000	
302	Hodgkin Lymphoma (Favorable group):	11,000	11,600	12,700
	radiation Hodgkin Lymphoma (unfavorable			40.400
1303	group): radiation	16,500	17,300	19,100
1304	Retinoblastoma (Intraocular): radiation	11,000	11,600	12,700
305	Retinoblastoma (extraocular): radiation	11,000	11,600	12,700
306	Brain tumors: radiation	33,000	34,700	38,100
	Wilms tumors: radiation	5,500	5,800	6,400
1307	Bone tumors/soft tissue sarcomas			04.000
1308	radiation	27,500	28,900	31,800
	Bone tumors/soft tissue sarcomas		0.74.400	2,98,600
1309	:surgery (inlouding prosthesis)	2,58,500	2,71,400	2,90,000
4040	Cobalt 60 External Beam Radiotherapy	00.000	23,100	25,400
1310	(Radical/Adjuvant / Neoadjuvant)	22,000	23,100	20,100
1311	Cobalt 60 External Beam Radiotherapy	11,000	11,600	12,700
1011	(Palliative)	11,000		
1312	Linear Accelerator External Beam Radiotherapy (Palliative)	22,000	23,100	25,400
	Radiotrierapy (Famative)			
	Linear Accelerator, External Beam			
1313	Radiotherapy 3D CRT/2D Planning	000	57,800	63,500
	(Radical/Adjuvant/Neoadjuvant)	55,000	57,000	00,000
	Linear Accelerator, External Beam		}	
1314	Radiotherapy IMRT (Intensity Modulated Radiotherapy)			
,	Modulated Radiotherapy) (Radical/Adjuvant/Neoadjuvant)	82,500	86,600	95,300
	Linear Accelerator External Beam			
	Radiotherapy IGRT (Image Guided			
1315	radiotherapy)	4 22 000	1,38,600	1,52,500
	(Radical/Adjuvant/Neoadjuvent)	1,32,000	86,600	95,300
1316	SRT(Stereota1036ic radiotherapy)	82,500	80,900	88,900
1317	SRS (Streotactic radiosurgery)	77,000	60,900	00,000
1318	Respiratory Gating along with Linear	77,000	80,900	88,900
1010	Accelerator planning	11,000	00,000	
4040	Electron beam with Linear accelerator (Radical)Tomotherapy(Radical/Adjuvant/			
1319	Neoadjuvant)	55,000	57,800	63,500
1320	Tomotherapy(Radical/Adjuvant/Neoadju	55,000	57,800	63,500

	vant)			
1321	Brachytherapy High Dose Radiation(Intracavitory) - per fraction,			
1021	maximum of 4 sessions	5,000	5,200	5,700
	Brachytherapy High Dose Radiation	0,000	, 3,200	5,700
1322	(Interstitial) - for one application, multiple			
	dose	33,000	34,700	38,100
4000	Brachytherapy High Dose Radiation			
1323	(Intraluminal) - per fraction, maximum 4			
	Sessions Cobalt 60 External Beam	5,000	5,200	5,700
1324	Radiotherapy, Definitive, Neoadjuvant,			
	Adjuvant	22,000	23,100	25,400
1325	Brachytherapy/ Interstitial LDR ,	22,000	20,100	20,400
1320	adjuvant	16,500	17,300	19,100
1326	Linear accelerator teletherapy,			
	Definitive+Tab Temozolamide	60,500	63,500	69,900
1327	Linear accelerator teletherapy, 3DCRT,			
1321	Definitive along with +concurrent Tab Temozolamide along with RT	88 000	00.400	101000
4000	Linear accelerator (Photons)	88,000	92,400	1,01,600
1328	teletherapy,Adjuvant	55,000	57,800	63,500
1329	Cobalt 60 External Beam		07,000	00,000
	Radiotherapy, Definitive	22,000	23,100	25,400
1330	Radioiodine Treatment < 100 Millicuries	22,000	23,100	25,400
1331	Radioiodine Treatment > 100 Millicuries	33,000	34,700	38,100
1332	Accelerated partial breast irradiation			00,100
1002	(APBI) any type/ LINAC/3DCRT/IMRT	55,000	57,800	63,500
	Linear accelerator,Involved-Site			
1333	Radiotherapy (ISRT)/Involved field			
	radiation therapy(IFRT)/3DCRT/IMRT Linear accelerator, less than 20	27,500	28,900	31,800
1334	Linear accelerator, less than 20 fractions/3DCRT/IMRT	27,500	20,000	04 000
	Linear accelerator	27,300	28,900	31,800
1335	teletherapy,3DCRT,IMRT,VMAT			
	Adjuvant/Definitive	82,500	86,600	95,300
	Brachytherapy/ Interstitial HDR one			
1336	application, multiple doses			
1337	Definitive/Boost	33,000	34,700	38,100
	Cobalt 60 teletherapy, Palliative	11,000	11,600	12,700
1338	Linear accelerator teletherapy, Palliative	22,000	23,100	25,400
	SURGERY			47
1339	Skull base surgery	1,02,400	1,07,500	1,18,300
1340	Surgical correction for Craniosynostosis	92,100	96,700	1,06,300
1044	Surgical Correction of Nerve and			
1341	Tendon Repair + Vascular Repair	40.000		
1342	(82.4+39.3)	49,800	52,300	57,500
	Sequalae of brachial plexus injuries Conservative treatment for brachial	42,700	44,800	49,300
343	plexus injuries	10,900	11 400	40.000
	Corrective surgery for Hyperchalonism	10,800	11,400	12,600
344				

Finance (HI) Department Thiruvananthapuram Dated:30-12-2022

Minutes of the tenth online MEDISEP review meeting chaired by the Officer on Special Duty (Finance - Resources) on 21/12/2022 at 10.45 am

Meeting commenced at 10.45 am with an introduction by the Officer on Special Duty (Finance - Resources).

The Additional Secretary (Finance Health Insurance dept.), Joint Secretary (Finance Health Insurance dept.), Under Secretary (Finance Health Insurance dept.) and other officers from Finance(HI) section and MEDISEP State Nodal Cell, Joint Director (Finance- Information Systems), ADHS, ADME Director of CET-SOM, Chief Regional Manager of OICL, MEDISEP Project head of OICL and TPAs of OICL were participated virtually.

- 1) OSD (FR) briefed that MEDISEP scheme is functioning satisfactorily with more than 1 lakh services rendered and now the govt. wishes to assess the strengths and weaknesses of the scheme by executing a customer satisfaction survey. And then he invited Dr. Suresh Subramoniam, The Director, CET-SOM for giving a presentation over the module prepared for the survey.
- 2) Dr. Suresh Subramoniam presented a sample questionnaire prepared by his team for the survey in bilingual format. He briefed that they have also prepared an online version of the questionnaire for distributing through email. And he added that they have planned to avoid telephonic interviews as it will be more tedious. He also pointed out that Stratified random wise sampling method is adopted for sampling in a summative five point liquid scale and hence only 100-150 response is required for analysis. When Smt.Janaki of OICL intervened by asking whether 100-150 responses are sufficient from this huge volume of beneficiary community, Dr.Suresh Subramoniam

affirmed that it is enough and the sampling will be done proportionately from the categories of employees and pensioners otherwise it may be time consuming.

3) Meanwhile Technical expert of MEDISEP opined that qualitative analysis also needed and hence issues faced & suggestions if any should also be captured. And whether the respondent is an employee/pensioner need to be noted. Dr. Suresh Subramoniam agreed to incorporate the possible modifications and submit the revised sample questionnaire to government.

Action: CET-SOM team

- **4)** When ADHS Dr.Shinu intervened by asking who are the respondents, Dr. Suresh Subramoniam, replied that respondents will be beneficiary Employees and Pensioners only.
- 5) When Dr. Suresh Subramoniam, enquired whether it is feasible to share the email id & mobile number of the beneficiaries for executing the survey, AS Fin(HI) assured to intimate the feasibility of the same shortly.

Afterwards Dr.Suresh Subramoniam was allowed to leave the meeting and discussion went on as per the agenda.

- **6)** When asked to give the presentation, Smt.Remadevi of OICL replied that they haven't prepared the presentation and AS(HI) responded like there is no problem as they are furnishing the statistics template regularly.
- 7) When enquired about the status of reimbursement claims, Smt. Janaki replied that they have sent letters to some beneficiaries due to non-availability of their bank account details. US(HI) intervened by saying that OICL team used to send mails to FIN (HI) Dept asking to instruct the beneficiaries to submit the reimbursement claim form and Smt. Janaki defended the argument. Meanwhile SO (HI) pointed out some evident cases substantiating the argument put forth by

US(HI). Hence, Smt. Janaki affirmed to recheck the matter and instructed her team not to send such mails to FIN(HI) Dept. AS(HI) instructed the OICL to furnish the status of action taken over the reimbursement claims and documents of séttled cases of reimbursement to Fin (HI) dept.

Action: OICL

8) When ADHS asked, from where do they obtain the correct reimbursement claim form of MEDISEP, Smt. Remadevi replied that they have furnished a copy of the form to Finance (ITSF) Department for publishing the same through MEDISEP portal. And Joint Director of Fin Information Systems briefed that the form was uploaded in website, but it was later removed on realising that the official address of the VIDAL TPA alone was provided in the form. Smt. Remadevi intervened by saying that VIDAL officials will submit the reimbursement claims to OICL after scrutiny and hence there is no issue on sending reimbursement claim form to VIDAL. On this affirmation, AS(HI) instructed the JD, Fin (Information Systems) to re-upload the claim form in MEDISEP website with a direction to send the duly filled claim form directly to the insurer.

Action: Joint Director, Fin(Information Systems)

- 9) When AS(HI) enquired about the issue of bedside photo of the patient asked by the TPAs and ADME briefed that hospital superintendent also raised a complaint over the issue. Mr.Suvaid representative of FHPL TPA replied that the hospital authorities have initiated the claim after the patient was discharged from hospital and bedside photos are a must in other health insurance policies. Smt. Remadevi intervened by saying that is part of investigation part common in even in government sponsored schemes like Ayushman Bharath and instructed the TPAs to carry on with asking bedside photo, when required.
- 10) When ADME enquired whether MEDISEP coverage is available for Oral Chemotherapy, Smt. Remadevi replied that it is not available.

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11) When AS(HI) enquired about the issue of withdrawal of Jubilee Hospital from the scheme, Smt. Remadevi replied that she will meet the advocate that day itself and initiate proper legal action against the hospital by invoking the penalty clause in the MoU executed with the hospital. AS(HI) reminded to share the details with Fin (HI) department.

Action: OICL

- 12) When AS(HI) enquired about the the status of empanelment of hospitals at New Delhi TPA representative Dr. Sooraj replied that Dharamshila Narayana Hospital has signed the MoU. When Smt. Remadevi asked whether it is feasible to seek the help of Kerala House officials to enquire whether the scheme is being operated smoothly at that hospital, SO, Fin(HI) department assured to gather information in regard.
- 13) When AS(HI) enquired about the status of reinstating of catastrophic package, Smt. Remadevi replied that the action has been completed and requested the MEDISEP State Nodal Cell officials to share any such cases if found not yet reinstated.

Action: OICL, SNC MEDISEP

- 14) When AS(HI) drew attention to the complaints raised at the meeting held with DGRC Finance Officers, Smt. Remadevi replied that representative of both the TPAs have been deputed for attending the DGRC meetings of all the districts and such contentions are baseless.
- 15) When AS(HI) enquired about the status of data additions/deletions, Smt. Remadevi responded that the data shared on 06/10/2022 has been completely updated and Medcards are available for all beneficiaries as per the shared data. When JD, Fin(ITSF) intervened by saying that Date of Birth corrections, gender corrections, dependant deletions etc. were not effected, Smt. Janaki of OICL replied that it is a tedious job and will try to finish as early as possible.

Action: OICL

- 16) When Smt. Remadevi briefed that claims won't get rejected citing small errors in Medcard, SO, Fin(HI) pointed out that there are evident cases of claim rejection citing spelling mistakes in names of beneficiaries.
- 17) When JD, Fin (ITSF) reminded of the updation of pensioners data, Smt. Janaki replied that data of new recruits/dependents, newly married spouse and new born baby alone will be added and no other additions will be allowed hereafter. On hearing this, JD, Fin (ITSF) briefed that there are pensioners data in inactive state due to many reasons like non mustering for more than three years/living abroad for a long period or etc. As and when they approach the treasuries for pension, their profiles will be activated and only then the data will be ready for transfer. And premium from the very beginning of the policy will also be deducted from their entitlement and shared to insurer. During the fourth review meeting (Minutes enclosed for ready reference), OICL authorities affirmed to furnish MEDISEP benefits for such pensioners once their data gets updated and verified after mustering. Hence AS (HI) instructed the OICL authorities to stick on to the decision arrived at during the review meeting.

Action: OICL, Joint Director (Fin Information Systems)

18) Smt. Remadevi requested to share the list of beneficiaries those who retired within a time span of 6 months and JD, Fin(ITSF) agreed to share the same.

Action: Joint Director, (Fin Information Systems).

- 19) Regarding the furnishing of 3 line bills citing procedure cost, implant cost & room rent alone for MEDISEP, Smt. Remadevi briefed that required instruction has been given to the EHCPs and OICL will settle the bills within 15 days hereafter as 3 line bills made the claim processing much easier.
- **20)** When AS(HI) enquired about the furnishing of bill copies to beneficiaries for claiming the balance treatment cost from other insurance policies, Smt. Remadevi replied that original bill copies will be retained with the TPAs and duplicate copies of bills will be shared to other insurance companies directly by the OICL.

Action: OICL, TPAs

21) When AS(HI) pointed out the undue delay in claim settlement to public hospitals, Smt. Janaki responded that they have shared a list of public hospitals whose bank account details are unavailable and they want the account details in a consolidated tabular form. ADHS Dr. Shinu assured to issue necessary directions to such hospitals for furnishing the details within 2 days. Meanwhile he asked the OICL officials whether they don't have adequate human resources to consolidate the account details of just 135 public hospitals and Smt.Remadevi responded like they don't have. And AS(HI) reminded the OICL authorities to enquire over telephone whether the account details are correct before initiating the payment.

Action: OICL, ADHS

22) When AS(HI) asked to furnish the list of unspecified procedures handled so far, Smt. Janaki replied that they need to hold a discussion with the technical expert regarding the matter. Meanwhile US, Fin(HI) intervened by reminding that it was ordered by the OSD(FR) in E-file No. HI-3/71/2022-FIN (E 2177947) to constitute a Medical Expert Committee with a team of expertise from Medical field preferably from DHS & DME for moving the most frequented unspecified procedures to specified category. And the file is under submission for obtaining further necessary orders. Hence AS(HI) instructed the OICL to furnish the aforementioned list immediately.

Action: OICL, Fin (HI)Dept.

23) When US, Fin (HI) enquired whether any direction has been given by TPAs to EHCPs not to include the unlisted treatment packages in Newborn care into unpecified package. For eg.Phototherapy treatment for Neonatal Jaundice has not been included in the list, whether EHCP can upload this into unspecified package. TPA representative Dr. Sooraj replied that no such direction was given so far and case wise analysis is required to decide whether to approve such claims or not.

24) When AS(HI) enquired whether the call back facility has been activated at the call centre, Smt.Remadevi assured to instruct the TPAs to activate the call back facility in case of call drops.

Action: OICL, TPAs

- **25)** When Smt.Remadevi enquired about the status of payment of their 3rd instalment premium, AS(HI) assured to take necessary action for materialising the payment.
- **26)** When AS(HI) enquired about the action taken over the representation received from Kerala Private Hospitals Association Smt. Remadevi replied that she was on a tour and hence failed to look into the matter. AS(HI) instructed the OICL officials to furnish an urgent report over the matter.

Action: OICL

- 27) When SO, MEDISEP State Nodal Cell put forth the issue of payment dues to the Ernakulam Lourde Hospital, Smt. Remadevi replied that 81% of the claims have been settled to the hospital and such contentions are baseless.
- 28) When SO, MEDISEP State Nodal Cell opined that it would be better if monthly claim approval is possible in the case of dialysis patients, Smt. Remadevi replied that it is not practicable and instructed the TPA representatives to issue necessary guidelines to EHCPs not to hold such claims so that the dialysis patients won't have to wait.

Action: OICL, TPAs

29) When AS(HI) drew attention to KHRWS payward rent issue, TPA representative Sri. Shan Fernandez replied that the hospital authorities are not including the KHRWS room rent in the bill and they are ready to approve the payment if it is also included in the bill. Hence AS(HI) directed the ADHS and ADME to give necessary instruction to the hospitals for including KHRWs payward rent also in the bill.

Action: ADHS, ADME, TPAs

While concluding the meeting, AS, Fin(HI) reminded the OICL authorities to speed up the claim settlement process.

Meeting ended at 12.30 PM

K MOHAMMED Y SAFIRULLA IAS OFFICER ON SPECIAL DUTY