

NAME OF THE HOSPITAL: _____

1). Oesophageal Foreign Body One Day Stay: M14V1.1

1. Name of the Procedure: Oesophageal Foreign Body
2. Indication: Any foreign body in oesophagus/ Food bolus impaction
3. Did the patient present with Dysphagia/ Drooling/ Chest pain/ Hematemesis/ Vomiting:
Yes/No
4. If the answer to question 3 is Yes is there evidence of foreign body in Chest X-Ray/ Xray
Neck/ Xray abdomen/ Upper GI endoscopy/ Barium (If needed): Yes/No (Upload
reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of Perforation:
Yes/No

For Eligibility for Oesophageal Foreign Body (for endoscopic intervention) the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

2). Acute Pancreatitis (Severe) -3 Weeks Stay: M14V1.10

1. Name of the Procedure: Acute Pancreatitis (Severe) -3 Weeks Stay
2. Indication: Acute Pancreatitis (Severe)
3. Did the patient presented with Classical Pain of Pancreatitis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of
 - a. Serum amylase/ Lipase elevated >3 times the ULN: Yes/No (Upload Reports)
 - b. CECT abdomen/ MRI done: Yes/No (Upload report & film)
5. If the answer to question 4a & 4b is Yes are the following test i.e. hematocrit, arterial blood gas, renal functions test, liver function test, serum calcium, lipid profile, chest X ray and USG abdomen being done: Yes/No (Upload Reports)
6. If the answer to question 5 is Yes then is the BISAP scoring parameters showing evidence of:
 - a. Blood urea nitrogen >25mg/dl: Yes/No
 - b. Impaired mentation: Yes/No
 - c. SIRS defined by presence of two or more of the following- temperature >38 or <36 degree Celsius, pulse rate > 90bpm, Respiratory rate >20 or Pa-co2 <32 mm hg, WBC >12000/mm3 or <4000/mm3 or > 10 % bands: Yes/No (Upload Reports)
 - d. Age >60 years: Yes/No
 - e. Presence of pleural effusion: Yes/No

For eligibility for Acute Pancreatitis (Severe) -3 Weeks Stay, the answers to minimum 3 questions out of a, b, c, d & e should be Yes

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NAME OF THE HOSPITAL: _____

3). Acute Pancreatitis with Pseudocyst (Infected) 3 Weeks Stay-3 Weeks Stay: M14V1.11

1. Name of the Procedure: Acute Pancreatitis with Pseudocyst (Infected) 3 Weeks Stay
2. Indication: Acute Pancreatitis with Pseudocyst (Infected)
3. Did the patient present with symptoms of fever, abdominal pain and bloating, on examination finding of tender mass in abdomen: Yes/No
4. If the answer to question 3 is Yes is there evidence of elevated Serum Amylase/ Lipase levels: Yes/No (Upload Report)
5. If the answer to question 4 is Yes then is there evidence of Acute Pancreatitis with Pseudocyst formation on CECT Abdomen/ EUS/ MRI : Yes/No (Upload report & film)
6. If the answer to question 5 is Yes are the following test i.e CBC, renal function tests, liver function tests, blood and urine cultures (report submitted at the time of claim), coagulogram & arterial blood gas analysis being done: Yes/No (Upload reports)

For eligibility for Acute Pancreatitis with Pseudocyst (Infected) 3 Weeks Stay, the answer to question 6 should be Yes

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NAME OF THE HOSPITAL: _____

4). Chronic Pancreatitis with Severe Pain - 7 Days Stay: M14V1.12

1. Name of the Procedure: Chronic Pancreatitis with Severe Pain - 7 Days Stay
2. Indication: Acute exacerbation of Chronic Pancreatitis
3. Did the patient present with sudden onset of severe pain radiating to the back: Yes/No
4. If the answer to question 3 is Yes is there evidence of raised Serum Amylase/ Lipase levels (3 times the upper limit of normal): Yes/No (Upload Report)
5. If the answer to question 4 is Yes then is there imaging evidence of recent pancreatitis apart from the underlying changes of chronic pancreatitis documented on CECT abdomen: Yes/No (Upload CECT report & film)
6. If the answer to question 5 is Yes are the following test i.e. CBC, renal function tests, liver function tests, calcium, phosphorus, serum parathyroid hormone levels, vitamin D levels, fasting, post prandial blood sugars and HBA1C being done: Yes/No

For eligibility for Chronic Pancreatitis with Severe Pain - 7 Days Stay, the answer to question 6 should be Yes

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NAME OF THE HOSPITAL: _____

5). Obscure GI Bleed: M14V1.13

1. Name of the Procedure: Obscure GI Bleed
2. Indication: GI bleeding
3. Did the patient present with Hematemesis/ Malena/ Maroon stools/ Stool occult blood/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of bleeding in upper or lower GI endoscopy/ Capsule Endoscopy/ Enteroscopy/ BMFT/ CT Enterography: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of Perforation: Yes/No

For Eligibility for Obscure GI Bleed (for invasive intervention) the answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

6). Cirrhosis With Hepatic Encephalopathy - 11 Days Stay: M14V1.14

1. Name of the Procedure: Cirrhosis With Hepatic Encephalopathy
2. Indication: Cirrhosis with encephalopathy with or without GI bleeding
3. Did the patient present with Hematemesis/ Malena/ Altered Sensorium/ Decreased urine output/ Abdominal distention/ Abdominal Pain/ Jaundice: Yes/No
4. If the answer to question 3 is Yes is there evidence of Cirrhosis With Encephalopathy work up done in Liver profile include INR, Hemogram, Ultrasound, Electrolytes & Creatinine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes have the following tests being done- Upper or Lower GI Endoscopy/ Ascitic fluid analysis: Yes/No (Upload reports)- Optional

For Eligibility for Cirrhosis With Hepatic Encephalopathy the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

7). Cirrhosis With Hepato Renal Syndrome: M14V1.15

1. Name of the Procedure: Cirrhosis With Hepato Renal Syndrome
2. Indications: Hepato Renal Syndrome with or without G.I bleeding
3. Did the patient present with Hematemesis/ Malena/ Altered Sensorium/ Decreased urine output/ Abdominal distention/ Abdominal Pain/ Jaundice: Yes/No
4. If the answer to question 3 is Yes is there evidence of Hepato Renal Syndrome & are the following tests being done- Liver profile, Hemogram, Ultrasound, Electrolytes & Creatinine: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, are the following tests being done- Upper or Lower GI Endoscopy/ Ascitic fluid analysis: Yes/No (Upload reports)

For Eligibility for Cirrhosis With Hepato Renal Syndrome the answer to question 5 must be Yes

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NAME OF THE HOSPITAL: _____

8). Biliary Stricture - Post Op Stent 7 Days Stay: M14V1.16

1. Name of the Procedure: Biliary Stricture - Post Op Stent
2. Indications: Post - Operative Biliary stricture
3. Did the patient present with Jaundice/ Itching/ Clay stools/ Fever/ Abdominal Pain:
Yes/No
4. If the answer to question 3 is Yes is there evidence of Biliary Stricture documented through investigations like- Liver profile, Hemogram, Electrolytes, Creatinine & Endoscopic Ultrasound (EUS)/ MRCP/ ERCP: Yes/No (Upload reports)

For Eligibility for Biliary Stricture -Post Op Stent the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

9). Biliary Stricture - Post Op Leaks 7 Days Stay: M14V1.17

1. Name of the Procedure: Biliary Stricture - Post Op Leaks
2. Indications: Post - operative Biliary leak
3. Did the patient present with Jaundice/ Itching/ Clay stools/ Fever/ Abdominal Pain:
Yes/No
4. If the answer to question 3 is Yes is there evidence of Biliary Stricture & are the following tests done- Liver profile, Hemogram, Electrolytes, Creatinine & Endoscopic Ultrasound (EUS)/ MRCP/ ERCP: Yes/No (Upload reports)

For Eligibility for Biliary Stricture - Post Op Leaks (for invasive intervention) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

10). Biliary Stricture - Sclerosing Cholangitis 7 Days Stay: M14V1.18

1. Name of the Procedure: Biliary Stricture - Sclerosing Cholangitis
2. Indications: Biliary stricture due to Sclerosing Cholangitis
3. Did the patient present with Jaundice/ Itching/ Clay stools/ Fever/ Abdominal Pain:
Yes/No
4. If the answer to question 3 is Yes is there evidence of Biliary Stricture & are the following tests done- Liver profile, Hemogram, Electrolytes, Creatinine & Endoscopic Ultrasound (EUS)/ MRCP/ ERCP: Yes/No (Upload reports)

For Eligibility for Biliary Stricture- Sclerosing Cholangitis (for invasive intervention) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

11). Oesophageal Perforation: M14V1.2

1. Name of the Procedure: Oesophageal Perforation
2. Indications: Oesophageal Perforation
3. Did the patient present with Chest or abdominal pain/ Dyspnea/ Hematemesis/ Drooling/ Dysphagia/ Emphysema/ Pleural effusion: Yes/No
4. If the answer to question 3 is Yes is there evidence of Oesophageal Perforation & are the following tests done- Ultrasound/ CT Chest or abdomen/ Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Oesophageal Perforation (for invasive intervention) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

12). Corrosive Oesophageal Injury 7 Days Stay: M14V1.20

1. Name of the Procedure: Corrosive Oesophageal Injury
2. Indications: Oesophageal Corrosive Injury
3. Did the patient present with Chest or abdominal pain/ Dyspnea/ Hematemesis/ Drooling/ Dysphagia/ Emphysema/ Pleural effusion: Yes/No
4. If the answer to question 3 is Yes is there evidence of oesophageal corrosive injury & are the following tests done- Barium Swallow/ CT Chest or abdomen/ Ultrasound/ Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Corrosive Oesophageal Injury (for invasive intervention) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

13). Achalasia Cardia:M14V1.3

1. Name of the Procedure: Achalasia Cardia
2. Indication: Achalasia Cardia
3. Did the patient present with chest or abdominal pain/ dyspnea/ dysphagia/ regurgitation/ weight loss/ halitosis: Yes/No
4. If the answer to question 3 is Yes, then is the patient having evidence of achalasia cardia in Barium Swallow/ Upper GI Endoscopy: Yes/No (Upload test reports)

(Esophageal manometry-Optional)
5. If the answer to question 4 is Yes is there evidence of Unstable hemodynamic status: Yes/No

For Eligibility for Achalasia Cardia (Invasive intervention) the answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

14). Oesophageal Varices, Variceal Banding One Day Stay: M14V1.4

1. Name of the Procedure: Oesophageal Varices, Variceal Banding
2. Indications: Oesophageal Varices
3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of Oesophageal varices in Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Oesophageal Varices, Variceal banding the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

15). Oesophageal Varices, Sclerotherapy- One Day Stay: M14V1.5

1. Name of the Procedure: Oesophageal Varices, Sclerotherapy
2. Indications: Oesophageal varices
3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of Oesophageal varices in Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Oesophageal Varices, Sclerotherapy the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

16). Oesophageal Fistula - 3 Days Stay: M14V1.6

1. Name of the Procedure: Oesophageal Fistula
2. Indications: Oesophageal Fistula
3. Did the patient present with Hematemesis/ Malena/ Choking/ Dysphagia/ Cough while eating: Yes/No
4. If the answer to question 3 is Yes is there evidence of Oesophageal Fistula in Upper GI Endoscopy/ CT Thorax/ Water soluble contrast study: Yes/No (Upload reports)

For Eligibility for Oesophageal Fistula (for invasive endoscopic intervention) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

17). GAVE (Gastric Antral Vascular Ectasia) - 2 Days Stay: M14V1.7

1. Name of the Procedure: GAVE (Gastric Antral Vascular Ectasia)
2. Indications: GAVE (Gastric Antral Vascular Ectasia)
3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of GAVE in Upper GI Endoscopy:
Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of Unstable
hemodynamic status: Yes/No

For Eligibility for GAVE (for invasive intervention) the answer to question 5 must be No

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NAME OF THE HOSPITAL: _____

18). Gastric Varices 3 Days Stay: M14V1.8

1. Name of the Procedure: Gastric Varices
2. Indications: Gastric Varices
3. Did the patient present with Hematemesis/ Malena/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of Gastric Varices in Upper GI Endoscopy: Yes/No (Upload reports)

For Eligibility for Gastric Varices (for invasive intervention) the answer to question 4 must be Yes

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NAME OF THE HOSPITAL: _____

19). Acute Pancreatitis (Mild) - 1 Week Stay: M14V1.9

1. Name of the Procedure: Acute Pancreatitis (Mild) - 1 Week Stay
2. Indication: Acute Pancreatitis (Mild)
3. Did the patient presented with Classical Pain of Pancreatitis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of
 - a. Serum amylase/ Lipase elevated > 3 times the ULN: Yes/No (Upload Reports)
 - b. CECT abdomen done: Yes/No (Upload CT report & film)
5. If the answer to question 4a & 4b is Yes are the following test i.e. hematocrit, arterial blood gas, renal functions test, liver function test, serum calcium, lipid profile, chest X ray and USG abdomen being done: Yes/No (Upload Reports)
6. If the answer to question 5 is Yes then is the BISAP scoring parameters showing evidence of:
 - a. Blood urea nitrogen >25mg/dl: Yes/No
 - b. Impaired mentation: Yes/No
 - c. SIRS defined by presence of two or more of the following- temperature >38 or <36 degree Celsius, pulse rate > 90bpm, Respiratory rate >20 or Pa-co2 <32 mm hg, WBC >12000/mm3 or <4000/mm3 or > 10 % bands: Yes/No (Upload Reports)
 - d. Age >60 years: Yes/No
 - e. Presence of pleural effusion: Yes/No

For eligibility for Acute Pancreatitis (Mild), the answers to minimum 3 questions out of a, b, c, d & e should be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
