CIRCULAR


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The Trust has modified Cochlear Guidelines after the discussion with the specialists and vide approved by the Board Resolution No. 243/2011, dated 30.11.2011.

Hence the Modified Guidelines for Cochlear Implant Surgery are circulated for your information.

(This has got the approval by CEO)

Executive Officer (P&C)

To

All the HOD’s

GM Foss for information and request to send all the NWH through e-mail.

AGM, PMU to upload on the website.

PA to CEO
AAROGYASRI HEALTH CARE TRUST

RAJIV AAROGYASRI HEALTH INSURANCE SCHEME

COMPREHENSIVE GUIDELINES FOR COCHLEAR IMPLANTATION

AND AUDIO VERBAL THERAPY

Government is implementing Rajiv Aarogyasri Health Insurance Scheme in the State. Under the scheme financial assistance to the tune of Rs.6.5 lakhs is being provided to the BPL patients undergoing cochlear implantation surgery and auditory verbal therapy for 1 year for the totally deaf children below 2 years of age for Pre-lingual deafness and 12 years of age for Post lingual deafness in the identified Network Hospitals. Since these children are likely to have multiple congenital malformations in association with deafness and both parents and child need to be counseled and evaluated (Pre-Implant Counselling and Evaluation) by the Network Hospital, it is imperative to confirm their fitness to undergo surgery and get benefited from the therapy. Hence Trust resolved to screen these patients by a team of specialists in the field before pre-authorization approval is given to the Network Hospital to perform surgery.

Now Trust reviewed the Cochlear Implantation Programme under Aarogyasri Scheme. It also held discussions with specialists teams performing Cochlear Implant Surgery. Trust also reviewed the field report submitted by the District Coordinators with regards to progress of Audio Verbal Therapy of the beneficiaries. After considering all the aspects and to streamline the programme in order to optimise the benefit under the scheme Trust hereby modified the guidelines dealing with

Modification of existing clauses
Clause 1.1 Dealing with the expertise of operating ENT Surgeon
Clause 1.2.1 Adequacy of AV Therapy personal
Clause 2.1.1 Age criteria for candidate selection
Clause 4.2 Cochlear Committee
Clause 7.0 Technical committee evaluation

Additional of new clauses
Clause 3.0 Warranty of equipment under Implant specifications
Clause 4.0 Hospital Responsibility on performing surgery within 30 days of final approval.
Clause 5.0 Automatic cancellation of preauthorization.
Clause 12.1 Standardization of AV Therapy
Clause 12.2. Review of AV Therapy cases by independent committee.

1.0 HOSPITAL INFRASTRUCTURE

1.1. Shall have services of only mentor trained ENT Surgeon to operate Cochlear Implant Surgery and well equipped theatre facility with following equipment

i. Operating microscope — Two numbers
ii. Skeeter drill for Cochleostomy — Two numbers
iii. Benair micro motor — Two numbers
iv. Facial nerve monitor — One number
v. Two sets of microear surgery instruments - Two sets
vi. Laser CO2 Lumens surti touch — One number

1.2 Audiology and Audio-Verbal Rehabilitation set-up

There should be a well-established Audiology Department along with Audio-Verbal Rehabilitation Unit set-up with following qualified, regular personnel and equipment.

1.2.1 Personnel

a) An Audiologist and / Speech Pathologist (one post) with Master degree in Audiology and / or Speech, Language Pathology from any recognized institution

b) An Audio Verbal Rehabilitation teacher (one post) well versed in audio verbal therapy techniques and software used in such methods. He/She should have undergone training from recognized institutions or persons accredited with imparting AVT for very young hearing handicapped children. The mother tongue of the specialist should be Telugu and
should know how to write and read the Telugu language. He / She must be proficient in teaching Telugu Grammar.

c) There should be well ventilated and illuminated cubical for AV Training propose

d) Hospital shall have adequate number of AV teachers to impart AV therapy training to the beneficiaries as mentioned at clause 12.0.

1.2.2 Equipment

a) Audiology Equipment:

The following equipment is absolutely necessary and should be available in the network hospital in order to conduct various types of audiological assessments to decide the candidacy for cochlear implantation and thereafter for audio verbal rehabilitation therapy work.

i) Pure tone audiometer ....................... one
ii) Free field equipment ....................... one set
iii) Impedance audiometer ..................... one
iv) Oto-Acoustic Emission audiometer ........ one
v) ABR with Auditory Steady State Response Audiometer... one
vi) Dedicated Computer system with internet facility (minimum 2mbps
vii) Connection), Digital Camera, Printer, Scanner etc.

viii) Personnel programming systems for mapping and programming approved types of cochlear implants.

ix) Visible Speech Instrument with latest software for imparting the audio verbal therapy (One unit)

x) Various teaching aids used for teaching language........One set

xi) There should be two sound treated rooms to accommodate the above audiological equipment and for carrying out the periodic cochlear implant mapping work. The size of the each room should be 14’x12’. The sound treated rooms should be two-room set-up with negligible electrical static activity with ambient noise levels below 25 dB.

xii) There should be a separate well ventilated 10’x10’ room exclusively for imparting the audio-verbal therapy along with teaching aids in which the child, therapist and the mother of the child should participate.

2.0 PRE-DIAGNOSTIC PROTOCOL

2.1 Guidelines for Candidate selection

2.1.1 Audiological and Medical Criteria

a) This scheme is applicable to children suffering from total deafness either,
   a. Pre-lingual- before acquiring speech
   b. Post lingual: - after acquiring speech

b) The age group covered is 0 to 2 years for Pre-lingual cases.

c) The age group covered is 0 to 12 years for Post-lingual cases.

d) Age mentioned in the ration card/health card is the age of the child at the time of issue of ration card. Hospitals shall cross check the actual age as on date and can use the birth certificate issue by competent authority for verification if required

e) Cochlear implant may not be the first choice when considering deaf children below 2 years of age. All the children must be habituated to using behind ear aids for about 3 to 6 months to assess utility of usage of hearing aids. Proof of having used conventional hearing aids along with details of process of speech therapy that they underwent from accredited rehabilitation personnel may be produced. If not, the hospital shall take necessary steps to give hearing aid under the existing Government schemes and speech therapy for sufficient time before advising cochlear implantation.

f) These deaf children must have used hearing aids. If no benefit is derived from the use of conventional hearing aids either in terms of better hearing or acquisition of adequate spoken word comprehension, language or communication skills then they should be considered for CI. Here the motivation on part of the child to express through speech by imitation is an important factor to be considered.
g) These children should be free from any developmental delays and other sensory and orofacial defects. These children should not have stubborn behavior and autistic tendencies.

h) The deaf children at least should have had developed some spoken word comprehension and appropriate responses to basic questions language and attempting to communicate through speech for basic needs. Children who are using alternate modes of communication like gestures and signs and poorly motivated to use speech communication considered to be poor candidates for cochlear implantation.

i) The deaf Children with abnormal Cochlear/ malformed Cochlear are not considered for Cochlear Implantation. The decision of the Technical committee is final in this matter.

j) Children with active middle - ear infection should be considered for Cochlear implantation only after middle - ear pathology and removal of wax is resolved.

k) In addition the following other criteria to be followed for selection of children below 12 years of age group suffering with post lingual deafness.
   1. Children having profound hearing loss due to infections and other pathology in post-lingual group, who are not benefited even after usage of conventional hearing aid.
   2. Children who are used to oral-aural method of communications and pursuing inclusive education.

2.1.2 Audiological Investigation Protocol.

The children must undergo following essential diagnostic tests at hospital own centre with qualified Audiologist handling the patient and reporting.

   a) Behaviour Observation Audiometry (BOA)
   b) Puretone Audiometry
   c) Impedance audiometry
   d) Oto-acoustic Emission Audiometry
   e) ABR and ASSR test report
   f) Aided Audiogram
   g) Assessment of language and speech development.

2.1.3 Radiological Investigation Protocol

The following radiological investigations should be done to these children before sending for pre-authorization.

   a) MRI Cochlea
   b) CT Scan of Temporal Bone

2.1.4 Psychological Criteria

   a) Patient should not suffer from Mental Retardation/ development delay.
   b) The deaf children should have developed adequate social and adjustable behavior. Stubborn behavior is one of the main obstacles for learning process. Hence it should be observed that this behavior is controlled before initiation of Cochlear Implantation.
   c) Child may need to be assessed by clinical psychologist in case of suspected abnormal psychological behavior.

2.2 Pre Implant Counseling By Audiologist

2.2.1 Pre-implant counseling
Extensive Pre-implant counseling by the audiologist is very important with regard to the following factors to derive maximum benefit from cochlear implantation.

   a) Who would benefit from Cochlear Implantation?
   b) What exactly the Cochlear Implant does?
   c) Familiarization with Cochlear implant hardware
      a. Internal implant (Explanation through posters and video)
      b. External Speech processor
d) Choice of External Speech Processor

e) Weather to use Behind the Ear or Body Worn speech processor?

f) The patient and parents must be counseled adequately about the advantages and disadvantages in using Behind the Ear or Body Worn speech processor.

g) Particularly the following points must be made clear to them in addition to other points.

h) Who would benefit from Cochlear Implantation?

i) Maintenance and running costs. Parents should be made aware of follow-up expenditure once the mandatory maintenance coverage from the Trust cases after one year.

j) Parents and family should be made aware of how to maintain the delicate apparatus and precautions to be taken in handling the equipment.

k) They should also know cost of spares which are covered under warranty and which are not covered. They should be provided with service numbers and contact person of service center. The company should do the repairs and replacements, if any, without any difficulty to the patient.

l) Do’s and Don’ts: Child and parents must be taught the Do's and Don'ts such as:

   i. Delicate handling of equipment,
   ii. Proper upkeep of external apparatus,
   iii. Continuous wearing,
   iv. Avoiding rough handling and violent jerks to equipment,
   v. Avoid nudging or acute bending of cables,
   vi. Keeping the area and apparatus clean,
   vii. Avoiding oily surface to equipment
   viii. Avoid exposure of the processor to moisture and water etc.,

j) Parents / family should be made aware of running costs such as battery replacements etc., and how frequently they are supposed to do it.

k) Realistic expectations to be explained to the patient and parents considering the age at which Cochlear Implantation is done and subsequent long drawn out audio-verbal rehabilitation process.

l) The importance of Audio-Verbal Therapy/ rehabilitation after the implantation should be emphasized with following points

   • What is Audio Verbal Therapy?
   • The role of the mother in Audio Verbal Therapy
   • How basic communication skills to be developed on the basis of need based activity and reinforcement process?
   • Parents should be made aware that mere Cochlear Implantation would not develop speech. Speech has to be learnt as done like in any other normal individual.
   • Cochlear Implantation act as means to hear all the sounds including speech spoken by others and language and speech have to be learnt. The family should be realistic in expecting the outcome of the Cochlear Implantation considering the age at which it has been done and other Constraints and factors involved.

m) Commitments from the parents, hospital and the patient. The mother should be adequately trained as to how to use the implant and its maintenance.

n) After Cochlear Implantation is done, the whole family should adopt to communicate through speech and no other means.

o) After the cochlear implantation is done there would be online periodical assessment of the implanted child by the committee with regard to the progress after cochlear implantation.

The cochlear implantation is done basically keeping in view that the child is being prepared for inclusive education (Normal school) after preliminary AV Therapy.

2.2.2 IMPLANT SPECIFICATIONS

> Hospital shall procure standard original implant (and not refurbished) for use under the scheme.

> Selection of type of instrument weather to use Behind The Ear or Body Worn speech processor?).

> Shall leave the choice to the beneficiary whether to have BTE processor or Body Worn processor after informed consent, the Network Hospitals shall obtain informed consent from either of the parent duly counter signed by the Surgeon, Audiologist and Aarogymithra in the given proforma while sending them for screening by the Technical Committee.
The implant should further meet the following minimum basic requirements.

1) Company should provide minimum 5 years warranty
   Hospital audiologist shall provide regular mapping services to the patients.
2) Servicing of the implant shall be available in Andhra Pradesh.
3) Minimum of 16 Electrode contacts with 8 channels must be available.
4) Implant thickness should not be more than 4.2 mm.
5) In the rare event of defective and non-performing implant, it should be replaced with new piece and hospital shall undertake redo surgery free of cost.

3.0 Equipment warranty: In order to ensure full benefits of warranty of equipment hospitals shall submit the warranty agreement with the company to the Trust while raising first claim for CI Surgery.

4.0 HOSPITAL RESPONSIBILITIES

4.1 PATIENT SERVICES

> Network hospitals must perform the CI Surgeries on CEO approved cases within one month otherwise the preauth approval gets cancelled automatically.
> Must have requisite infrastructure in the form of both qualified manpower and proper equipment.
> Shall give adequate pre-implant counseling to both child and parent.
> Shall arrange for interaction between parents of the patients drafted for surgery with patients and their parents who underwent similar surgery in the same hospital to help proper understanding of the procedure and its benefits.
> Shall facilitate parents to understand about the availability of different implants and their differences particularly with regards to speech processor.
> Shall obtain informed consent from the parent with regards to type of external speech processor (Behind the ear or Body worn) in prescribed proforma
> Provide standard implant based on selection of implant by the parent and shall ensure proper follow-up services by the company such as mapping, up gradation, servicing, maintenance and replacement under warranty.
> Should cooperate with the inspection team to inspect facilities and medical records and arrange interaction with the beneficiaries admitted in the hospital and during the audio verbal rehabilitation process as and when required.
> Should properly evaluate the patient as per the guidelines given above, before sending the patient for assessment by the committee.
> Make available all the relevant documents in original along with pre-authorization forms to the committee.
> Shall undertake redo surgery in the rare event of implant failure.
> Arrange for the appearance of the fully evaluated patients along with both the parents to appear before the committee as per the schedules.
> Shall arrange for re-counseling to the parents and patient during intervening period of reevaluation as and when suggested by the Technical Committee in their evaluation certificate.
> Shall undertake to maintain on service the speech processor in terms of disposables (accept batteries) for two years after prescribed time limit under the scheme.

4.2 COCHLEAR COMMITTEE

> The cochlear committee is re-constituted by the Trust with independent members without involving specialists of participating teams from Network Hospitals. This committee will evaluate the cases.
> Two observers from the network hospital will be permitted.
> Hospital should send the cases for evaluation by the Technical Committee on the schedule date of meeting.
> Hospitals shall ensure that the observers from their respective hospitals are deputed in time to the Trust Office on the date of schedule meeting.
> All the committee members shall present at least by 1 P.M. i.e at least half an hour before the scheduled time of the committee.
In case, no evaluated beneficiary available from that Network Hospital on a given day of schedule. The hospital shall inform immediately by written mail so as to facilitate the Trust either to cancel the scheduled meeting or to allot it to another hospital.

Trust may reschedule the meeting in case of public holiday declared on the scheduled day of meeting.

The networking hospitals must ensure that their habilitation clinical specialist is present during the habilitation review programme by the Technical committee.

5.0 PRE-AUTHORIZATION PROCEDURE

Network hospital should follow the regular procedure of admission, evaluation and pre-authorization procedures before sending the patient for committee evaluation. The following steps to be observed by the hospital while sending patients for evaluation by the committee.

- The Hospital should send the list of beneficiaries with details of WAP and other parameters shall be mailed across to officerhoscoord.as1@aarogyasri.org at least 48 hrs before the committee.

- The preauthorization details of the patient must be uploaded at least 2 days in advance, i.e. the case with full details shall be in “sent for preauthorization” status at least 48 hrs before appearance of the committee.

- Hospital shall upload all relevant documentation i.e. on bed photo, system generated preauthorization form duly signed by the concerned doctor, up to date clinical notes, admission note, all the investigation including general investigation reports and films (X-ray, CT & MRI Films etc.) General consent form, external speech processor consent form in the prescribed proforma, Health Card & white card details, beneficiary certificate from District Collector, CMCO referral card obtained within the validity period.

- RAMCO & Aarogyamithra are requested to verify the online details of the beneficiary before sending for preauthorization to avoid discrepancies in data particularly regard to name, first name, age etc.

- RAMCO & Aarogyamithra shall be present in the Trust office at least 1 hr before the scheduled meeting of the committee and coordinating with the Trust Official in verifying the online details and they shall ensure that the beneficiaries with their parents are present at least 1 hour before the schedule of the committee viz. 12.30 P.M.

- Age of the patient must be recorded in the preauthorization shall be age of beneficiary as on that date and not as recorded in the Health Card and White Card any contradiction and dispute with regards to age, the beneficiaries shall produce registration of Birth Certificate from the concerned authority and that should be taken as final proof.

- Pre-authorization in case of CMCO referral cases must be obtained only by using CMCO referral card number and same work flow and not by registering the patient again at network hospital.

- Hospital shall update pending pre-auth in case of review cases and shall not register as a fresh case again, thus avoiding duplication of cases.

- Hospitals are requested to verify the cases which are updated online but did not turn up for the evaluation by the committee and shall cancel them duly informing the Trust by e-mail.

- Hospitals are advised not to request for Cancellation without relevant reasons before raising a fresh preauthorization for the same case.

- The preauthorization obtained will get cancelled automatically after one month period from the date of final approval if surgery is not performed. Hospital shall obtain fresh preauth for such cases by sending them for Cochlear committee evaluation again.
6.0 APPOINTMENT FOR SCREENING BY THE COMMITTEE

- The hospital will medically evaluate the child, does pre-implant counselling and if found to be a proper case for surgery will send the beneficiary to the Cochlear Committee of the Trust for evaluation.

- Based on the number of cases evaluated as per norms and sent for preauthorization by the Network Hospital, an appointment schedule will be given to the hospitals.

- The Hospital should bring these patients along with both the parents on the scheduled dates without fail. The cost of transportation, food and accommodation (if required) to the patient and parents for evaluation by the committee shall be borne by the Network Hospital.

7.0 Technical Committee Evaluation

- Trust constituted a Cochlear committee consisting of specialists like ENT Surgeon, Pediatric, Psychiatrist and Audiologist, AVT Clinical habilitation specialist, Non Network Members and Trust official

- Technical Committee will meet in the office of the Trust on fixed scheduled dates based on the requirement.

- To allow one Audiologist and ENT Surgeon from the concern hospitals as "observers" during evaluation of the cochlear committee to make the approval process more transparent.

- The committee evaluate the child and parent
  
  i. **Recommend** child for surgery if found ideal for surgery as per scheme guidelines
  
  ii. **Keep the case pending** if found that child may improve on if proper counselling and pre-implant speech therapy is given. These cases will be reviewed again after 3 weeks of pending on referral by network hospital.

  iii. Case may be **rejected** if it was found that the child is not likely to get benefitted by the surgery due to identified reasons as stated in guidelines.

- **Review of Pending Cases**: Pending cases may be sent for review by the committee on being re-counseled and referred by Network Hospital after a minimum gap of 3 weeks.

- **Rejected Cases**:
  
  i) Cases rejected for Congenital Malformation and defects will not be reviewed again
  
  ii) Cases rejected on account of other causes such as poor motivation, poor speech comprehension, unrealistic expectations, etc. which are likely to improve on sustained effort by parents, child and Network Hospital may be reviewed by the committee again on case to case basis after re-evaluation by the network hospital and on recommendation of Trust on specific request.

  iii) Cases that are rejected twice by different committees will not be reviewed again.

- After being approved by Technical committee pre-authorization will be given to the hospital to conduct surgery.

8.0 CERTIFICATION OF APPROVAL

Based on the assessment, the Committee will give online approval, after which the Trust will approve pre-authorization for hospital to undertake surgery.
9.0 UNDERTAKING THE SURGERY AND SUBMISSION OF ONLINE INFORMATION

After approval the hospital shall perform the surgery and upload the same in the online workflow.

10.0 DISCHARGE

After complete recovery the patient may be discharged duly giving him system generated discharge summary, 10 days post discharge medication and follow-up advice. The hospital shall also upload the necessary photographs in the online workflow.

11.0 INITIAL MAPPING AND SWITCH-ON

The hospital shall do the initial mapping and switch-on as per the standard medical practice and upload the following notes, relevant photographs and documents in the online workflow while raising claim for Switch on and initial mapping in the follow-up claim module (please see the Trust Portal).

- Photograph Showing child along with external speech processor with label showing the registration number of the instrument.
- Shall submit the proposed plan of AV Therapy and goals.

12.0 AV THERAPY

- Hospital shall impart Audio Verbal Therapy for a period of one year under the package.
- The networking hospitals must submit the lessons plans and the progress report of the CI children once in three months. Lesson plans must be developed as per the AVT templates prescribe by the Trust.
- Hospital shall inform schedules of AV therapy to the child and parents and counsel them to make them aware of importance of AV therapy.
- Hospital shall arrange for physical appearance of the case for evaluation by the cochlear committee at the end of each quarter while raising the claim.
- Hospital shall upload the following documents while raising claim for AV Therapy for each quarter in the follow-up claim module (please see the Trust Portal).

- Upload quarter wise AV Therapy Performance report and Mapping reports
- Progress report of the child AV Rehabilitationist certifying the progress vis-a-vis goals achieved and reasons for failure if child not achieved goals.
- Parents assessment of progress in online proforma.

12.1 Standardization of AV Therapy: In order to ensure regular and quality AV Therapy which is paramount for the best outcome of the procedure the following measures to be followed in administering AV Therapy and claim clearance by the committee.

- The hospital shall ensure adequate AV Therapy to ensure proper out come by properly counseling the parents and child before and after surgery.
- Qualified AV therapists should work with the cases only under the overall supervision of speech pathologist and audiologist with post Graduation degree to ensure quality AV Therapy. The Network Hospital shall provide adequate number of teachers i.e. one teacher to handle 6 beneficiaries on one-to-one basis in a day, on daily basis. The standard AV therapy protocols should be followed in habilitation process.
- Claim for AV therapy shall not be paid till the satisfactory outcome is achieved.
- An objective assessment protocols (AVT Templates) shall be followed for assessment of AV therapy outcome as annexed for clearing AV Therapy claims.

12.2. Review of AV Therapy cases: The cochlear committee may review AV therapy cases of more than 1 (3) year duration in order to assess the outcome of the entire AVT programme continuity, quality and outcome of AV therapy being imparted to the beneficiaries as a part of medical audit.
13.0 FIELD VERIFICATION OF CASES

- Trust may assign from time to time field verification of cases by the District Coordinators to ascertain the progress of the child after the surgery.

14.0 ONLINE SUBMISSION OF BILLS

The above installments will be released through online transaction on submission of bills after successful completion of each phase of the treatment duly certified by the committee after periodical online evaluation for postoperative events and subject to submission of the following documents:

- Certification by the Technical Committee
- Pre-authorization forms with photograph
- Copy of the Health Card/Ration Card
- Copy of Implant brochure, registration details, warranty card and Maintenance Commitment document from the company.
- Reports with films
- Case sheet
- Copy of discharge summary
- Post-operative X-Ray
- Detailed Bill duly signed by the parents with the registration number of the implant and cost mentioned separately
- Patient feedback form
- Acknowledgement of transport charges.

15.0 PACKAGE DETAILS

Committee further designed the package and payment milestones in the following manner in order to see that hospitals accord quality AV therapy till one-year period.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Procedure</th>
<th>Package Amount Rs.</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cochlear Implant Surgery</td>
<td>520000</td>
<td>Paid after surgery</td>
</tr>
<tr>
<td></td>
<td>Auditory-Verbal Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Initial Mapping/Switch on</td>
<td>50000</td>
<td>One month after</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>discharge</td>
</tr>
<tr>
<td>3</td>
<td>Post Switch on Mapping/Initiation of AVP and</td>
<td>20000</td>
<td>At the end of the</td>
</tr>
<tr>
<td></td>
<td>training of Child and Mother - First Install</td>
<td></td>
<td>1st quarter</td>
</tr>
<tr>
<td>4</td>
<td>Post Switch on Mapping/Initiation of AVP and</td>
<td>20000</td>
<td>At the end of the</td>
</tr>
<tr>
<td></td>
<td>training of Child and Mother - Second Install</td>
<td></td>
<td>2nd quarter</td>
</tr>
<tr>
<td>5</td>
<td>Post Switch on Mapping/Initiation of AVP and</td>
<td>20000</td>
<td>At the end of the</td>
</tr>
<tr>
<td></td>
<td>training of Child and Mother - Third Install</td>
<td></td>
<td>3rd quarter</td>
</tr>
<tr>
<td>6</td>
<td>Post Switch on Mapping/Initiation of AVP and</td>
<td>20000</td>
<td>At the end of the</td>
</tr>
<tr>
<td></td>
<td>training of Child and Mother - Fourth Install</td>
<td></td>
<td>4th quarter</td>
</tr>
</tbody>
</table>

16.0 ONLINE WORKFLOW

All the documentation required for the workflow shall be done online at the appropriate time schedules. Hospital may refer the following for guidelines on online workflow.

<table>
<thead>
<tr>
<th>Online process pre-authorization</th>
<th>Module VIII – E Preauthorisation</th>
<th>Rajiv Aarogyasri Manual on Surgical and Medical Treatment (3rd revised edition) Page no 243 to 285</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Mapping and AV therapy</td>
<td>Module XIII – Cochlear implantation – Initial Mapping and Switch on and Audio Verbal Therapy</td>
<td>Rajiv Aarogyasri Manual on Surgical and Medical Treatment (3rd revised edition) Page no 355 to 372</td>
</tr>
</tbody>
</table>

Hospitals may also visit www.aarogyasri.org to view and download the manual.