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## **Circular**

To

**All Superintendents of AB PM-JAY-KASP Empanelled Private Hospitals  
And Government Hospitals**

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines (STGs) –  
Mandatory Documents reg.

Ref: 1.DO No.S-12015/08/2019-NHA (HNW &QA)(Pt.1)(Vol.2) Dated 27/07/2020

Kind attention to the references cited.

The National Health Authority (NHA) has developed and integrated the Standard Treatment Guidelines (STGs) / Guidance documents for 30 health benefit packages under AB PM-JAY KASP in TMS.NHA has decided to launch the first 10 STGs and make live in the PM-JAY KASP IT system by 15th August 2020.The mandatory documents for claim adjudication are as follows.

### **Standard Treatment Guidelines (STGs) –Mandatory Documents**

#### **1. Haemodialysis - per session**

##### **a. At the time of Preauthorisation**

- i. Clinical notes – Patient details with Diagnosis
- ii. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, GFR, serum electrolytes). In chronic renal failure/ chronic dialysis patients, investigations need to be done and submitted only once. These investigations to be repeated monthly. Quarterly - Serum Iron, ferritin, TIBC, TSAT, SGOT, SGPT, viral markers, calcium, phosphate.
- iii. Planned line of treatment

##### **b. At the time of claim submission**

- i. Clinical Notes/ ICPs – If done for AKI patients
- ii. Detail discharge Summary & dialysis chart (Only dialysis chart in chronic dialysis patients)
- iii. All investigation reports

## **2. AKI (Acute Kidney Injury) / Renal failure**

### **a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, GFR, serum electrolytes). In chronic renal failure/ chronic dialysis patients, investigations need to be done and submitted only once. These investigations to be repeated monthly. Quarterly - Serum Iron, ferritin, TIBC, TSAT, SGOT, SGPT, viral markers, calcium, phosphate.
- iii. Planned line of treatment

### **b. At the time of claim submission**

- i. Clinical Notes/ ICPs
- ii. Detail discharge Summary
- iii. All investigation reports

## **3. AV fistula for dialysis**

### **a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, GFR, serum electrolytes). In chronic renal failure/ chronic dialysis patients, investigations need to be done and submitted only once. These investigations to be repeated monthly. Quarterly - Serum Iron, ferritin, TIBC, TSAT, SGOT, SGPT, viral markers, calcium, phosphate.
- iii. Planned line of treatment

### **b. At the time of claim submission**

- i. Clinical Notes/ ICP
- ii. Detail discharge Summary

## **4. PTCA, inclusive of diagnostic angiogram - MC011A**

### **a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. 2D ECHO
  3. Coronary Angiography report
  4. Cardiac enzymes [Troponins T/ I (if not available then CPK-MB)]
  5. Routine Biochemistry (Haemogram, urea, creatinine, electrolytes, sugar, fasting lipids, Liver function test, Urinalysis)

### **b. At the time of claim submission**

- i. ICP
- ii. Procedure/ Operation notes – post procedure flow to be mentioned
- iii. Detailed discharge summary
- iv. Barcode of the stent(s) used

**5. Systemic Thrombolysis (for MI) - MC020A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. 2D ECHO
  3. Cardiac enzymes [Troponins T/ I (if not available then CPK-MB)]
  4. Routine Biochemistry (Haemogram, urea, creatinine, electrolytes, sugar, fasting lipids, Liver function test, Urinalysis)

**b. At the time of claim submission**

- i. ICP with Clinical notes of Thrombolysis
- ii. Detailed discharge summary
- iii. Invoice of thrombolytic agent used

**6. Coronary artery bypass grafting (CABG) - SV004A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. Chest X-ray
  3. 2D ECHO
  4. Coronary Angiography report
  5. Cardiac enzymes [Troponins T/ I (if not available then CPK-MB)]
  6. Routine Biochemistry (Haemogram, urea, creatinine, electrolytes, sugar, fasting lipids, Liver function test, Urinalysis)

**b. At the time of claim submission**

- i. ICP
- ii. Procedure/ Operation notes
- iii. Detailed discharge summary

**7. Low Cardiac Output syndrome requiring IABP insertion post operatively - SV032A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. Chest X-ray
  3. 2D ECHO

**b. At the time of claim submission**

- i. ICP - showing poor hemodynamics and high usage of inotropic agents
- ii. Procedure/ Operation notes
- iii. Detailed discharge summary
- iv. Barcode of IABP used



**8. Cataract surgery, Phacoemulsification with foldable hydrophobic acrylic IOL - SE020A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. A scan
- iii. Slit lamp examination report
- iv. Blood Pressure & Blood Sugar (Fasting, PP and Random)

**b. At the time of claim submission**

- i. Operative notes
- ii. Detailed discharge summary
- iii. Barcode of IOL

**9. Cataract surgery, Small Incision Cataract Surgery (SICS) with non-foldable IOL - SE020B**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. A scan
- iii. Slit lamp examination report
- iv. Blood Pressure & Blood Sugar (Fasting, PP and Random)

**b. At the time of claim submission**

- i. Operative notes
- ii. Detailed discharge summary
- iii. Barcode of IOL

**10. Hysterectomy - SO010**

**Abdominal Hysterectomy - SO010A**

**Abdominal Hysterectomy + Salpingo Oophorectomy - SO010B**

**Non Descent Vaginal Hysterectomy - SO010C**

**Vaginal Hysterectomy with Anterior and Posterior Colpoperineorrhaphy - SO010D**

**Laparoscopic Hysterectomy (TLH) - SO010E**

**Laparoscopic Assisted Vaginal Hysterectomy (LAVH) - SO010F**

**a. At the time of Preauthorisation**

- i. Clinical notes clearly indicating reason(s) for hysterectomy
- ii. Lab investigations
  1. Complete Blood count
  2. Blood sugar- fasting and post prandial
  3. Renal function test
  4. Liver function test
  5. Urine- routine and microscopy
- iii. Electrocardiogram
- iv. X-ray chest
- v. Ultrasonography (USG) Abdomen + Pelvis

- vi. Pap smear & Cervical biopsy (Both these investigations are essential only in those hysterectomy cases which are getting operated due to benign conditions of Cervix)
- vii. Documentary evidence of appropriate counselling given to the patient and informed consent form signed by the patient in all cases of hysterectomy especially when performing removal of ovaries (oophorectomy- U/L or B/L) also.

**b. At the time of claim submission**

- i. ICP
- ii. Detailed Operative notes
- iii. Discharge summary with follow up advise
- iv. Histopathology report of the specimen removed

**11. Caesarean hysterectomy - SO011A**

**a. At the time of Preauthorisation**

- i. Clinical notes clearly indicating reason(s) for being a life-saving procedure and performing caesarean hysterectomy
- ii. Lab investigations
  - 1. Complete Blood count
  - 2. Blood sugar - fasting and post prandial
  - 3. Renal function test
  - 4. Liver function test
  - 5. Urine- routine and microscopy
- iii. Ultrasonography (USG) Abdomen (Pregnancy USG report / scan)

**b. At the time of claim submission**

- i. ICP
- ii. Detailed Operative notes
- iii. Discharge summary with follow up advise
- iv. Delivery note (including birth outcomes)
- v. Histopathology report of the specimen removed

**12. Balloon Mitral Valvotomy - MC005A**

**a. At the time of Preauthorisation**

- i. Clinical notes with planned line of treatment
- ii. Detailed Echo /Doppler report

**b. At the time of claim submission**

- i. Procedure / Operative notes
- ii. Detailed Discharge Summary
- iii. Invoice/ barcode of balloon used

**13. Closed Mitral Valvotomy including Thoracotomy - SV008A**

**a. At the time of Preauthorisation**

- i. Clinical notes with planned line of treatment
- ii. Detailed Echo /Doppler report

**b. At the time of claim submission**

- i. Procedure / Operative notes
- ii. Detailed Discharge Summary

#### **14. Total Knee Replacement**

**Primary - Total Knee Replacement - SB039A**

**Revision - Total Knee Replacement - SB039B**

**a. At the time of Preauthorisation**

- i. Clinical notes with indication for surgery
- ii. X-ray / CT of Knee, labelled with patient ID, date and side (Left/ Right)
- iii. Pre-op X-ray of the affected knee

**b. At the time of claim submission**

- i. ICP
- ii. Post op X-ray of the operated knee showing the implant, labelled with patient ID, date and side (Left/ Right)
- iii. Invoice / bar code of implant
- iv. Detailed operative / procedure note
- v. Discharge Summary

SHA has been continuously striving towards improving Quality of Care & Treatment being given to the beneficiaries under the scheme. This is a significant step taken by SHA towards determining minimum standard of care and to prevent fraud and abuse under the scheme. Every EHCP is requested to cooperate with the new changes.

Please find enclosed the TMS User Manual and list of these 10 STGs for your information.

Link to IT manual: [https://pmjay.gov.in/sites/default/files/2020-07/TMS STG User Manual v1 0.pdf](https://pmjay.gov.in/sites/default/files/2020-07/TMS_STG_User_Manual_v1_0.pdf)

**Yours faithfully,**



**Executive Director**

Copy to – 1) DPCs, SHA, All districts.

2) HealthIndia Insurance TPA Services Pvt. Ltd.