



സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി
കരുതലിന്റെ കൈത്താണ്ട്

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No.69/2020/HNQA/SHA

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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 health benefit packages under AB PM-JAY KASP in TMS.NHA has decided to launch the 4th set of 55 STGs and make live in the PM-JAY KASP IT system by 11th September 2020. The following are the 55 STG's under specialities

STG Procedures – Mandatory Documents

1. Management of Acute encephalitis syndrome/ Acute encephalitis

- Acute encephalitis syndrome - MP004A
- Infectious- uncomplicated - MP003A
- Immune-mediated - uncomplicated - MP003B

| Mandatory document | Acute encephalitis syndrome/ Acute encephalitis |
|--|--|
| i. At the time of Pre-authorization | |
| Clinical notes with indications | Yes |
| Chest X Ray | Yes |

| | |
|--|-----|
| Planned line of treatment | Yes |
| ii. At the time of claim submission | |
| Indoor case papers | Yes |
| CSF examination | Yes |
| CT Brain | Yes |
| Discharge Summary | Yes |

2. Acute severe malnutrition - MP031A

| |
|--|
| Mandatory documents |
| I. At the time of Pre-authorization |
| a. Still image of the child at the time of admission with patient ID and date |
| b. Clinical notes with indications such as: <ul style="list-style-type: none"> i. Faulty feeding habits (Not exclusively Breast fed for 6 months/ bottle feeding/ delayed or inadequate complementary feeding) ii. Poor appetite iii. Lethargy/ Irritability iv. Any delayed developmental milestones including Weight v. Vitals- Pulse rate (PR), respiratory rate (RR), Capillary refill time (CRT) vi. Loss of Subcutaneous fat, muscle wasting, pallor, mid-upper arm circumference (MUAC) less than normal vii. Signs of Vitamin B, K and A deficiencies (if any of these symptoms are present) viii. Dehydration ix. Respiratory distress |
| c. Essential Investigations such as: <ul style="list-style-type: none"> I. Haemogram II. Random Blood sugar (RBS) III. LFT IV. KFT V. Chest X-ray VI. RDT-HIV (only where available/ possible) VII. Gastric aspirate for CBNAAT/ AFB (only where available/ possible) VIII. Peripheral smear examination |
| d. Planned line of management |
| II. At the time of claim submission |
| a. Still image of the child at the time of discharge with patient ID and date |

| |
|---|
| <p>b. Detailed indoor case papers with treatment details indicating</p> <ul style="list-style-type: none"> i. Monitoring of vitals with Input-output charting as well as urine frequency, stool/ vomitus volumes ii. Intake: IV fluids (IVF) (DNS) 4ml/ Kg/hr for 2-3 days with early/ concomitant initiation of oral feeds (130 ml/kg/day) iii. Condition/ complication specific treatment such as Antibiotics for Infection, Dextrose for Hypoglycemia/ severe dehydration, Potassium/ Magnesium for electrolyte imbalance, Whole blood/ PRBC transfusion for Anemia. |
| <p>c. Detailed essential investigation reports</p> <ul style="list-style-type: none"> i. Haemogram ii. Random Blood sugar (RBS) iii. LFT iv. KFT v. Chest X-ray vi. RDT-HIV (only where available/ possible) vii. Gastric aspirate for CBNAAT/ AFB (only where available/ possible) viii. Peripheral smear examination |
| <p>d. Detailed Discharge summary with follow-up advise including:</p> <ul style="list-style-type: none"> i. Transfer to Nutritional Rehabilitation Centre (NRC) ii. Feeding, electrolytes (Zinc, Copper & Iron), vitamins (A & D, A, B complex) & supplementation advice |

3. Ankyloglossia

Ankyloglossia Minor - SS002A

Ankyloglossia Major - SS002B

| Mandatory document | Ankyloglossia |
|---|---------------|
| i. At the time of Pre-authorization | |
| Clinical notes with indications | Yes |
| Grading of ankyloglossia | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Detailed discharge summary | Yes |
| Pre & Post-operative photograph | Yes |
| Documentary evidence of failed/ non-indicated conservative management of ankyloglossia in patient aged \geq 2 years | Yes |

4. Ano Rectal Malformation

Ano Rectal Malformation-Abd- Perineal PSARP - SS010A

Ano Rectal Malformation- Anoplasty - SS010B
Ano Rectal Malformation-Cutback - SS010C
Ano Rectal Malformation-PSARP - SS010D
Ano Rectal Malformation- Redo pull through - SS010E
Ano Rectal Malformation- Transposition - SS010F

| Mandatory document | Ano Rectal Malformation |
|---|--------------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes indicating whether other associated congenital disorders like those of spine, anus, heart, trachea, esophagus, kidneys, or limbs, etc. are present/not | Yes |
| Clinical Photograph | Yes |
| Distal Cologram/ Barium enema (if available) | Yes |
| USG Abdomen | Yes |
| Xray Lumbosacral spine (inverted position) | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Detailed discharge summary | Yes |
| Post procedure clinical photograph | Yes |
| Pre-anesthesia check-up report | Yes |

5. Atrial Fibrillation - MG036A

| Mandatory document | Atrial fibrillation |
|--|----------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Blood test | Yes |
| i. Coagulation profile (PT, INR) | |
| ii. Sr. electrolytes | Yes |



| | |
|--|-----|
| c. ECG it shows irregular rhythm and abnormal heart rate | Yes |
| d. X- ray Chest | Yes |
| ii. At the time of claim submission | |
| a. Post treatment ECG | Yes |
| b. Discharge Summary | Yes |
| c. Detailed Indoor Case Papers (ICPs), Treatment details | Yes |
| d. All investigations reports | Yes |

6. Atrial Septal Defect

ASD Device Closure ASD Device Closure - MC007A

Surgical Correction of Category - I Congenital Heart Disease - Isolated Secundum Atrial Septal Defect (ASD) Repair - SV001B

Surgical Correction of Category - II Congenital Heart Disease- ASD closure + Partial Anomalous Venous Drainage Repair - SV002A

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Mitral Procedure- SV002B

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Tricuspid Procedure -SV002C

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Pulmonary Procedure SV002D

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Infundibular Procedure- SV002E

| Mandatory document | ASD Device Closure | Isolated Secundum Atrial Septal Defect (ASD) Repair | ASD Closure + Partial Anomalous Venous Drainage Repair | ASD Closure + Mitral Procedure | ASD Closure + Tricuspid Procedure | ASD Closure + Pulmonary Procedure | ASD Closure + Infundibular Repair |
|---------------------------|---------------------------|--|---|---------------------------------------|--|--|--|
|---------------------------|---------------------------|--|---|---------------------------------------|--|--|--|

| | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|
| i. At the time of Pre-authorization | | | | | | | |
| Clinical Notes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Echo/Doppler report | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| ii. At the time of claim submission | | | | | | | |
| Procedure / Operative notes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Post procedure stills of ECHO with Report | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Detailed Discharge Summary | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Invoice/ barcode of blade / device used | Yes | No | Yes | Yes | Yes | Yes | Yes |

7. Behavioural syndromes associated with physiological disturbances and physical factors - MM006A



| Mandatory document | Behavioral syndromes associated with physiological disturbances and physical factors |
|---|--|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empanelled psychiatrist | Yes |
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Detailed Discharge Summary | Yes |

8. Chalazion Removal - SE007A

| Mandatory document | Chalazion Removal |
|---|-------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Admission Notes | Yes |
| c. Clinical Photograph | Yes |
| ii. At the time of claim submission | |
| a. Operative/ procedure notes | Yes |
| b. Detailed Discharge summary | Yes |
| c. Histopathology report | Yes |
| d. Intraoperative photograph with time and date stamp | Yes |

9. Chemical Burns

Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM005A

Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings Alone - BM005B

| Documents | |
|---------------------------------|----------------|
| At the time of Preauthorization | Chemical Burns |

| | |
|---|-----|
| Clinical notes mentioning the circumstances that led to Chemical Burn | Yes |
| MLC copy with number | Yes |
| Clinical Photograph | Yes |
| Document showing % of burn through rule of 9 | Yes |
| At the time of Claims | |
| Post treatment clinical photograph | Yes |
| Blood test (CBC, Sr. creatinine, Platelet etc.) | Yes |
| X ray | Yes |
| Detailed Discharge Summary | Yes |
| Detailed procedure / operative notes | Yes |

10. Cleft Lip and Cleft Palate Surgery (Per stage) - SS001A

| Mandatory document | Cleft Lip and Cleft Palate Surgery (Per Stage) |
|--|---|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| Clinical Photography | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed operative notes | Yes |
| Post procedure clinical photograph | Yes |
| Pre-anesthesia check-up report | Yes |
| Discharge summary | Yes |

11. Coarctation of Aorta

Balloon Dilatation - Coarctation of Aorta- MC003A

Surgical Correction of Category -I Congenital Heart Disease -Coarctation repair- SV001G

| Mandatory document | Coarctation of aorta | Coarctation repair |
|--|-----------------------------|---------------------------|
| i. At the time of Pre-authorization | | |
| a. Clinical notes | Yes | Yes |
| b. Echo/Doppler report and Stills | Yes | Yes |
| ii. At the time of claim submission | | |
| a. Procedure/ Operation notes | Yes | Yes |
| b. Post Procedure Echo/Angiogram with report | Yes | Yes |
| c. Detailed discharge summary | Yes | Yes |
| d. Barcode of the balloon/implant, If used | Yes | Yes |

12. Severe Sepsis

Severe Sepsis – MG002A

Septic Shock - MG002B

| Mandatory document | Severe Sepsis | Septic Shock |
|--|----------------------|---------------------|
| i. At the time of Pre-authorization | | |
| Clinical notes | Yes | Yes |
| Complete Blood count Urine Routine | Yes | Yes |
| Planned line of management | Yes | Yes |
| ii. At the time of claim submission | | |
| Indoor case papers | Yes | Yes |
| Culture reports- Blood & Urine | Yes | Yes |
| Biochemistry- Renal Function Test & Liver Function Test reports | Yes | Yes |
| Discharge summary | Yes | Yes |

13. Sinus Surgery

Functional Endoscopic Sinus (FESS) - SL013A

Open sinus surgery - SL012A

| Mandatory document | Functional Endoscopic Sinus Surgery (FESS) | Open sinus surgery |
|---|--|--------------------|
| The procedure if performed for Complicated sinusitis, may be done on an emergency basis. In | | |
| all such cases, pre-authorization documents can be submitted within 24 hours of admission. | | |
| i. At the time of Pre-authorization | | |
| a. Clinical notes (detailing signs, symptoms, chronicity of sinusitis, examination findings, indications for doing the procedure& advise for admission) | Yes | Yes |
| b. CT (PNS) report | Yes | Yes |
| ii. At the time of claim submission | | |
| a. Detailed Discharge summary | Yes | Yes |
| b. Indoor case papers | Yes | Yes |
| c. Procedure note/ operative note | Yes | Yes |
| d. Intra procedure Still images of the affected part with time and date (optional) | Yes | No |
| e. Histopathology report | Yes | Yes |

14. Stapedectomy/ Tympanotomy

Stapedectomy - SL003A

Tympanotomy - SL003B

| Mandatory document | Stapedectomy | Tympanotomy |
|--|--------------|-------------|
| i. At the time of Pre-authorization | | |
| a. Clinical notes (detailing signs, symptoms, ear examination findings, indications for doing the procedure& advise for admission) | Yes | Yes |
| b. Audiometry report confirming conductive deafness and Tympanometry | Yes | Yes |
| ii. At the time of claim submission | | |
| a. Indoor case papers | Yes | Yes |
| b. Procedure note/ operative note | Yes | Yes |

| | | |
|---|-----|-----|
| c. Detailed Discharge summary | Yes | Yes |
| d. Intra-operative photograph with time and date (optional) | Yes | Yes |
| e. Invoice of the ossicular prosthesis/ piston used, if any | Yes | Yes |

15. Surgery for Hirschsprung's Disease

Myectomy - SS008A

Pull Through - SS008B

Rectal Biopsy - Punch - SS008C

Rectal Biopsy –Open - SS008D

Sphincterotomy - SS008E

| Mandatory document | Surgery for Hirschsprung's Disease |
|--|---|
| i. At the time of Pre-authorisation | |
| Clinical notes | Yes |
| X Ray abdomen / USG Abdomen / Dye test / sigmoidoscopy / colonoscopy | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Pre-anesthesia check-up report | Yes |
| Detailed discharge summary | Yes |
| Histopathology examination report (within 7 days of discharge) | Yes |

16. Systemic - Pulmonary Artery shunt

Surgical Correction of Category - I Congenital Heart Disease - Systemic - Pulmonary Artery Shunt - SV001E



| Mandatory document | Systemic - Pulmonary Artery shunt |
|--|--|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Echo/Doppler report | Yes |
| ii. At the time of claim submission | |
| a. Procedure / Operative notes | Yes |
| b. Post procedure stills of ECHO with report | Yes |
| c. Detailed Discharge Summary | Yes |

17. Total Anomalous Pulmonary Venous Connection (TAPVC) Repair

Surgical Correction of Category-III Congenital Heart Disease - Total Anomalous Pulmonary Venous Connection (TAPVC) Repair - SV003S

| Mandatory document | TAPVC repair |
|--|---------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Echo/Doppler report | Yes |
| ii. At the time of claim submission | |
| a. Procedure / Operative notes | Yes |
| b. Post procedure ECHO with reports | Yes |
| c. Detailed Discharge Summary | Yes |

18. Thermal Burns

19. Scald Burns

20. Flame Burns

Thermal Burns -% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing - BM001A

Thermal Burns -% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM001B



Thermal Burns -% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM001C

Thermal Burns -% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM001D

Scald Burns- % Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing –with conventional silver sulphadiazine dressing - BM002A

Scald Burns- % Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM002B

Scald Burns- % Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted (delayed), flap cover, follow-up dressings etc. as deemed necessary;Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM002C

Scald Burns- % Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM002D

Flame Burns -% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing - BM003A

Flame Burns -% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary;Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM003B

Flame Burns -% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary;Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM003C

Flame Burns -% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM003D

| At the time of Preauthorization | | | |
|--|---------------------|-------------------|-------------------|
| Documents | Thermal Burn | Scald burn | Flame Burn |
| Clinical notes | Yes | Yes | Yes |
| MLC copy with number | Yes | Yes | Yes |

| | | | |
|---|-----|-----|-----|
| Clinical Photograph with due consent of patient | Yes | Yes | Yes |
| Document showing % of burn through rule of 9 | Yes | Yes | Yes |
| At the time of Claims | | | |
| Post treatment clinical photograph | Yes | Yes | Yes |
| Blood test (CBC, Sr. creatinine, Platelet etc.) | Yes | Yes | Yes |
| X ray | Yes | Yes | Yes |
| Discharge Summary | Yes | Yes | Yes |
| Procedure/operative notes | Yes | Yes | Yes |

21. Tympanoplasty - SL002A

| Mandatory document | Tympanoplasty |
|---|---------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes (detailing signs, symptoms, ear examination findings, indications for doing the procedure & advice for admission) | Yes |
| b. Audiogram report | Yes |
| ii. At the time of claim submission | |
| a. Detailed Discharge summary | Yes |
| b. Indoor case papers | Yes |
| c. Procedure note/ operative note | Yes |
| d. Intra-operative photograph with time and date (optional) | Yes |
| e. Invoice of the ossicular prosthesis used, if any | Yes |

22. Undescended Testis surgery

Bilateral - Palpable +Non-palpable - SS019A

Bilateral Palpable - SS019B

Bilateral Non – Palpable - SS019C

Unilateral – Palpable - SS019D

Re-exploration /Second Stage - SS019E

| Mandatory document | Undescended testes |
|--|---------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| USG abdomen and pelvis | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Detailed discharge summary | Yes |

23. Unifocalization of Major Aortopulmonary Collateral Arteries (MAPCA)

Surgical Correction of Category - I Congenital Heart Disease - Unifocalization of MAPCA-SV001A

| Mandatory document | Unifocalization of MAPCA |
|--|---------------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Echo/Doppler report | Yes |
| c. CT Angio/ Cardiac Catheterization report | Yes |
| ii. At the time of claim submission | |
| a. Procedure / Operative notes | Yes |
| b. Post procedure stills of ECHO with report | Yes |
| c. Detailed Discharge Summary | Yes |



24. Vagotomy

G J Vagotomy - SG005A

Vagotomy + Pyloroplasty - SG005B

| Mandatory document | Vagotomy |
|--|-----------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| X ray / CT Scan | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Treatment detail | Yes |
| Intra operative photograph | Yes |
| Discharge summary | Yes |
| Histopathological report | Yes |

25. Ventricular Septal Defect

VSD Device Closure - VSD Device - Closure - MC008A

Surgical Correction of Category - II Congenital Heart Disease - VSD Closure - SV002F

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Aortic Procedure -SV003M

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Mitral Procedure - SV003N

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Tricuspid procedure- SV003O

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure +pulmonary Procedure - SV003P

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Infundibular Repair - SV003Q

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Coarctation Repair -



SV003R

| Mandatory document | VSD Device Closure | Surgical Correction of VSD Closure | VSD Closure + Aortic Procedure | VSD Closure + Mitral Procedure | VSD Closure + Tricuspid Procedure | VSD Closure + Pulmonary Procedure | VSD Closure + Infundibular Repair | VSD Closure + Coarctation Repair |
|--|--------------------|------------------------------------|--------------------------------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| at the time of Pre-authorization | | | | | | | | |
| Clinical notes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Echo/Doppler report | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| at the time of claim submission | | | | | | | | |
| Procedure / Operative notes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Post procedure bills of iCHO with report | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Detailed discharge summary | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Invoice/ barcode of blade / device used | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

26. Wilson's disease - MP037A

| Mandatory document | Wilson's disease |
|---|--------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| Serum ceruloplasmin | Yes |
| 24-hour urine copper | Yes |
| Slit lamp examination (Kayser-Fleischer ring) | Yes (if available) |

| | |
|-------------------------------------|-----|
| Planned line of treatment | Yes |
| ii. At the time of claim submission | |
| Detailed Indoor case papers (ICPs) | Yes |
| Detailed Discharge Summary | Yes |
| Serum ceruloplasmin | Yes |
| 24-hour urine copper | Yes |

27. Congenital Diaphragmatic Hernia - SS013A

| Mandatory document | Congenital Diaphragmatic Hernia |
|--|---------------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| Chest X ray AP/ Lateral | Yes |
| USG/ CT scan stills/ report | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed operative notes | Yes |
| Detailed discharge summary | Yes |
| Fetal Cardiogram | Yes |
| Xray Chest AP/Lat stills/ report | Yes |
| Pre-anesthesia check-up report | Yes |

28. Congenital lobar emphysema

Surgery for Congenital lobar emphysema - SS018A

| Mandatory document | Congenital lobar emphysema |
|--|----------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |

| | |
|--|-----|
| Posteroanterior chest X-ray | Yes |
| CT Chest | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Posteroanterior chest X-ray/ CT chest | Yes |
| Detailed discharge summary | Yes |

29. Continuous Renal Replacement therapy (CRRT) - MP028A

| Mandatory documents | CRR T |
|---|------------------|
| At the time of Pre-authorization | |
| Clinical notes detailing history | Yes |
| Notes showing evidence of unstable hemodynamic status | Yes |
| Investigations done –Serum creatinine | Yes |
| Indication for CRRT | Yes |
| Planned line of treatment | Yes |
| At the time of claim submission | |
| Detailed Indoor case papers (ICPs) | Yes |
| Any investigation done | Yes |
| Treatment details | Yes |
| Detailed Discharge summary | Yes |

30. Management of Dengue

Dengue fever - Dengue fever - MG004A

Dengue hemorrhagic fever - MG004B

Dengue shock syndrome - MG004C



| Mandatory document | Dengue fever | Dengue hemorrhagic fever | Dengue shock syndrome |
|---|--------------|--------------------------|-----------------------|
| i. At the time of Pre- authorization | | | |
| Clinical notes | Yes | Yes | Yes |
| Complete Blood Count (CBC) | Yes | Yes | Yes |
| NS1 Antigen | Yes | Yes | Yes |
| Peripheral blood film | Yes | Yes | Yes |
| Planned line of treatment | Yes | Yes | Yes |
| ii. At the time of claim submission | | | |
| Indoor case papers including monitoring of Vitals | Yes | Yes | Yes |
| Complete Blood Count (CBC) | Yes | Yes | Yes |
| All other investigation reports | Yes | Yes | Yes |
| Discharge Summary | Yes | Yes | Yes |

31. Management of Diarrhoea

Chronic diarrhea - MG010A

Persistent diarrhea - MG010B

Dysentery - MG011A

| Mandatory document | Chronic diarrhoea | Persistent diarrhoea | Dysentery |
|---|-------------------|----------------------|-----------|
| i. At the time of Pre- authorization | | | |
| Clinical notes with indications | Yes | Yes | Yes |
| Planned line of management | Yes | Yes | Yes |
| Chest X ray | NA | Yes | NA |
| Stool pH | NA | Yes | NA |

| | | | |
|--|-----|-----|-----|
| Stool Examination report | NA | Yes | NA |
| ii. At the time of claim submission | | | |
| Indoor case papers | Yes | Yes | Yes |
| Stool report | Yes | Yes | NA |
| Discharge Summary | Yes | Yes | Yes |

32. Ebstein Repair

Surgical Correction of Category - III Congenital Heart Disease - Ebstein Repair - SV003A

| Mandatory document | Ebstein Repair |
|--|----------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Echo/Doppler report | Yes |
| ii. At the time of claim submission | |
| a. Procedure / Operative notes | Yes |
| b. Post procedure stills of ECHO with report | Yes |
| c. Detailed Discharge Summary | Yes |

33. Electrical Contact Burns

Electrical contact burns: Low voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow- up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM004A

Electrical contact burns: Low voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow- up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM004B

Electrical contact burns: High voltage - with part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow- up dressings etc. As deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressing alone- BM004C

Electrical contact burns: High voltage - without part of limb / limb loss; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM004D

| | |
|--|---------------------------|
| At the time of Preauthorization | |
| Documents | Electrical contact |

| | Burns |
|--|--------------|
| Clinical notes mentioning the circumstances that led to low voltage electrical contact burns | Yes |
| MLC copy with number | Yes |
| Clinical Photograph | Yes |
| Document showing % of burn through rule of 9 | Yes |
| At the time of Claims | |
| Post treatment clinical photograph | Yes |
| Blood test (CBC, Sr. creatinine, Platelet etc.) | Yes |
| X ray | Yes |
| Detailed Discharge Summary | Yes |
| Detailed procedure / operative notes | Yes |

34. Endoscopic Dacryocystorhinostomy (Endoscopic DCR) - SL006A

| Mandatory document | Endoscopic DCR |
|--|-----------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes (detailing signs, symptoms, indications for doing the procedure& advise for admission) | Yes |
| b. Examination/ investigation findings- Dye disappearance test/ Probing & irrigation | Yes |
| ii. At the time of claim submission | |
| a. Detailed Discharge summary | Yes |
| b. Indoor case papers | Yes |
| c. Procedure note/ operative note | Yes |
| d. Intraoperative photograph with time and date (Optional) | Yes |

35. Epistaxis

Epistaxis treatment – packing - SL007A

| |
|--|
| Mandatory document |
| i. At the time of Pre-authorization |
| This is an Emergency procedure and all the pre-auth documents to be submitted within 24 hours |

| |
|--|
| after the procedure has been initiated: |
| a. Clinical notes clearly indicating symptoms and signs |
| b. Lab investigations (Complete Blood count, Hemoglobin, Coagulation profile) |
| c. Report of local examination by anterior rhinoscopy/ endoscopy identifying the source of bleeding available |
| ii. At the time of claim submission |
| a. Indoor case papers available indicating <ul style="list-style-type: none"> i. Signs & symptoms ii. Physical & local examination iii. Investigations performed iv. Screening for coagulation disorders/ anticoagulation medications/ hematological malignancies v. Appropriate treatment given based on the cause of bleeding |
| b. Clinical photograph of patient and the affected part |
| c. Discharge Summary with appropriate discharge advise |

36. Functional Septorhinoplasty - SL008A

| Mandatory document | Functional septorhinoplasty |
|---|------------------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure, circumstances of the incident which led to disfigurement and advise for admission) | Yes |
| b. Clinical picture of the affected part along with full face of the patient and anterior rhinoscopy/ endoscopic picture showing deviated septum | Yes |
| ii. At the time of claim submission | |
| a. Indoor case papers | Yes |
| b. Operative/ procedure notes | Yes |
| c. Detailed Discharge summary | Yes |

37. Anti GERD Surgery - SS003A

| Mandatory document | Anti GERD Surgery |
|--|--------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |

| | |
|--|-----|
| Upper GI Endoscopy | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Intra-operative photograph | Yes |
| Pre-anesthesia check-up report | Yes |
| Detailed discharge summary | Yes |

38. Ileostomy / Resection Anastomosis/ Exploratory Laparotomy

Ileostomy - SG013A

Resection Anastomosis – Open - SG030A

Resection Anastomosis – Lap - SG030B

Exploratory Laparotomy – Exploratory Laparotomy - SG035A

| Mandatory document | Ileostomy | Resection Anastomosis | Exploratory Laparotomy |
|---|-----------|-----------------------|------------------------|
| i. At the time of Pre-authorization | | | |
| Clinical notes | Yes | Yes | Yes |
| X ray abdomen (erect posture) | Yes | Yes | Yes |
| ii. At the time of claim submission | | | |
| Indoor case papers (ICPs) | Yes | Yes | Yes |
| Detailed operative notes | Yes | Yes | Yes |
| Intra-operative clinical photograph/ stills | Yes | Yes | Yes |
| Detailed Discharge summary | Yes | Yes | Yes |
| Histopathological report | NA | Yes | NA |

39. Inferior turbinate reduction

Inferior turbinate reduction under GA - SL011A

| Mandatory document | Inferior turbinate reduction under GA |
|--|--|
| i. At the time of Pre-authorization | |
| a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure& advise for admission) | Yes |
| b. Nasal Endoscopic picture of the affected part, if available | Yes |
| ii. At the time of claim submission | |
| a. Indoor case papers | Yes |
| b. Procedure note/ operative note | Yes |
| c. Detailed Discharge summary | Yes |
| d. Intra-operative stills of the affected part with time and date (optional) | Yes |

40. Intussusception

Non-operative reduction in infants - SS007A

Operative in infants - SS007B

| Mandatory document | Intussusception |
|---|------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| USG abdomen | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Detailed discharge summary | Yes |
| USG Abdomen | Yes |
| Documentary evidence that conservative management has been tried but failed/ conservative management is not indicated, with reason(s) | Yes |

41. Iris Prolapse repair, Secondary IOL/ IOL exchange/ explant, Endophthalmitis (excluding Vitrectomy), Scleral Fixated IOL (SFIOL) (including vitrectomy)

Iris Prolapse- Repair - SE025A

Secondary IOL/ IOL exchange/ explant - SE024A

Endophthalmitis (excluding Vitrectomy) - SE034A

Scleral Fixated IOL (SFIOL) (including vitrectomy) - SE023A

| Mandatory document | Iris Prolapse | Endophthalmitis (excluding Vitrectomy) | Secondary IOL/ IOL exchange/ Explant | SFIOL (including vitrectomy) |
|---|----------------------|---|---|-------------------------------------|
| i. At the time of Pre-authorisation | | | | |
| a. Clinical notes with indications and planned line of management | Yes | Yes | Yes | Yes |
| b. Clinical photograph of the affected part with full face picture of the patient | Yes | Yes | Yes | Yes |
| ii. At the time of claim submission | | | | |
| a. Still image of the patient undergoing the procedure with patient ID, date & time | Yes | Yes | Yes | Yes |
| b. Operative/ Procedure notes | Yes | Yes | Yes | Yes |
| c. Detailed discharge summary | Yes | Yes | Yes | Yes |
| d. Barcode of IOL | No | No | Yes | Yes |

42. Kawasaki disease (Mucocutaneous lymph node syndrome)

Kawasaki disease - MP043A

| Mandatory document | Kawasaki disease |
|--|-------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| CRP / ESR | Yes |
| CBC / LFT / Urinalysis | Yes |
| Echocardiography | Yes |
| Planned line of treatment | Yes |



| | |
|--|-----|
| ii. At the time of claim submission | |
| Detailed Indoor case papers (ICPs) | Yes |
| Detailed Discharge Summary | Yes |
| CRP / ESR | Yes |
| CBC / LFT / Urinalysis | Yes |
| All investigation reports | Yes |

43. Ladd's procedure (Intestinal Malrotation)

Ladd's Procedure - SS005A

| Mandatory document | Intestinal Malrotation |
|---|-------------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| Investigations: | Yes |
| Plain X-ray erect abdomen/Upper GI contrast series/USG abdomen/CECT | |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Intra-operative photograph | Yes |
| Investigations: Plain X ray erect abdomen/ Upper GI contrast follow through/ USG Abdomen | Yes |
| Histopathology report | Yes |
| Detailed discharge summary | Yes |

44. Mental and Behavioural disorders due to psychoactive substance use - MM007A

| Mandatory document | Mental and Behavioural disorders due to psychoactive substance use |
|---|---|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empanelled psychiatrist | Yes |

| | |
|--|-----|
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Relevant investigations 1. Complete hemogram 2. Liver function test 3. Serum electrolytes 4. Random blood glucose | Yes |
| b. Detailed Discharge Summary | Yes |

45. Mental disorders - Organic, including symptomatic - MM002A

| Mandatory document | Mental disorders - Organic, including symptomatic |
|---|--|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empanelled psychiatrist | Yes |
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Are the following investigations done? 1. Complete hemogram 2. Thyroid function test 3. Biochemistry 4. liver function test 5. VDRL 6. Vit. D level 7. Vit. B12 level 8. Neuroimaging (CT/MRI) | Yes |
| c. Detailed Discharge Summary | Yes |

46. Patent Ductus Arteriosus

PDA Device Closure - MC009A

PDA Closure via thoracotomy - SV013A

| Mandatory document | PDA Device Closure | PDA Closure via Thoracotomy |
|---------------------------|---------------------------|------------------------------------|
| | | |



| | | |
|--|-----|-----|
| i. At the time of Pre-authorization | | |
| a. Clinical notes | Yes | Yes |
| b. Detailed Echo/ Doppler report | Yes | Yes |
| ii. At the time of claim submission | | |
| a. Procedure / Operative notes | Yes | Yes |
| b. Post Procedure Echo/Doppler | Yes | Yes |
| c. Detailed Discharge Summary | Yes | Yes |
| d. Invoice/ barcode of blade / device used | Yes | No |

47. Pterygium + Conjunctival Autograft - SE014A

| Mandatory document | Pterygium + Conjunctival Autograft |
|--|---|
| i. At the time of Pre-authorization | |
| a. Clinical notes | Yes |
| b. Keratometry | Yes |
| c. Retinoscopy or Autorefraction (AR) | Yes |
| d. Clinical photograph of the affected part with full face picture of the patient | Yes |
| ii. At the time of claim submission | |
| a. Still image of the patient undergoing the procedure with patient ID and date | Yes |
| b. Other essential investigations- Blood Pressure & Blood Sugar (Fasting, PP and Random) | Yes |
| c. Operative notes | Yes |
| d. Detailed discharge summary | Yes |

48. Pulmonary Artery Banding

Surgical Correction of Category - I Congenital Heart Disease - Pulmonary Artery Banding - SV001D

| Mandatory document | Pulmonary Artery Banding |
|--|---------------------------------|
| i. At the time of Pre-authorization | |

| | |
|--|-----|
| a. Clinical notes | Yes |
| b. Echo/Doppler report | Yes |
| ii. At the time of claim submission | |
| a. Procedure / Operative notes | Yes |
| b. Post procedure stills of ECHO with report | Yes |
| c. Detailed Discharge Summary | Yes |

49. Retroperitoneal Lymphangioma

Retro - Peritoneal Lymphangioma Excision - Retro - Peritoneal Lymphangioma Excision - SS016A

| Mandatory document | Retroperitoneal Lymphangioma |
|--|------------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| Clinical Photograph | Yes |
| USG/CT/MRI Abdomen | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed Procedure / operative notes | Yes |
| Detailed discharge summary | Yes |
| Histopathological examination report | Yes |

50. Sacroccygeal teratoma - SS017A

| Mandatory document | Sacroccygeal teratoma |
|--|-----------------------|
| i. At the time of Pre-authorization | |
| Clinical notes | Yes |
| CT/MRI of the primary site | Yes |
| Serum levels of alpha-fetoprotein (AFP) and beta human chorionic gonadotropin (beta-hCG) | Yes |
| Clinical photograph | Yes |
| ii. At the time of claim submission | |
| Indoor case papers (ICPs) | Yes |
| Detailed operative notes | Yes |
| Detailed discharge summary | Yes |
| MRI of the primary site | Yes |
| Post procedure clinical photograph | Yes |
| Histopathology examination report | Yes |

51. Schizophrenia, schizotypal and delusional disorders - MM003A

| Mandatory document | Schizophrenia, schizotypal and delusional disorders |
|---|--|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empanelled psychiatrist | Yes |
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Detailed Discharge Summary | Yes |

52. Septoplasty - SL009A

| Mandatory document | Septoplasty |
|--|--------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure, circumstances of the incident which led to Deviated Nasal Septum& advise for admission) | Yes |
| b. Anterior rhinoscopy/ endoscopic picture showing deviated nasal septum | Yes |
| ii. At the time of claim submission | |
| a. Clinical notes | Yes |
| b. Procedure note/ operative note | Yes |
| c. Detailed Discharge summary | Yes |

53. Mental Retardation - MM001A

| Mandatory document | Mental Retardation |
|---|---------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empanelled psychiatrist | Yes |

| | |
|---|-----|
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Relevant investigations 1. Neuroimaging 2. Thyroid function Test | Yes |
| b. Detailed Discharge Summary | Yes |

54. Mood (affective) disorders - MM005A

| Mandatory document | Mood (affective) disorders |
|--|----------------------------|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empaneled psychiatrist | Yes |
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Are the following investigations done? 1. Complete hemogram 2. Thyroid function test 3. Serum sodium 4. Resting ECG | Yes |
| c. Detailed Discharge Summary | Yes |

55. Neurotic, stress-related and somatoform disorders

Neurotic, stress-related and somatoform disorders - Neurotic, stress-related and somatoform disorders - MM004A

| Mandatory document | Neurotic, stress-related and somatoform disorders |
|---|---|
| i. At the time of Pre-authorization | |
| a. Clinical notes with detailed history and chronicity | Yes |
| b. Admission document signed by empanelled psychiatrist | Yes |
| ii. At the time of claim submission | |
| a. Detailed treatment notes | Yes |
| b. Detailed Discharge Summary | Yes |

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.

Yours faithfully,



**Executive Director
State Health Agency**

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

2) HealthIndiaTPA