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EXECUTIVE DIRECTOR
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 Health & Family Welfare Department
 Government of Kerala



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സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി
 കരുതലിന്റെ കൈത്താണ്ട്

File No: SHA/455/2020-MGR (HNQA)

25.09.2020

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 6
 (STGs) – Mandatory Documents reg.

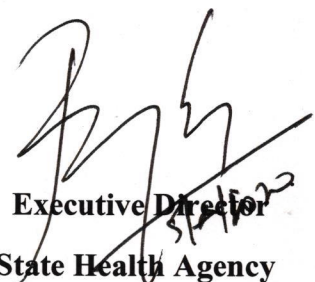
Ref: 1.DO No.S-12015/08/2019-NHA (HNW &QA) (Pt.1) (Vol.2) Dated 27/07/2020

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 6th set of 21 STGs and make live in the PM-JAY KASP IT system by 25.09.2020.

The mandatory documents for claim adjudication are as attached for reference.

Yours faithfully,


Executive Director
State Health Agency



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) –
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 21 health benefit packages under AB PM-JAY KASP in TMS.NHA has decided to launch the 6th set of STGs and make live in the PM-JAY KASP IT system by 25.09.2020.The following are the mandatory document for claim adjudication.

STG Procedures – Mandatory Documents

1. Adenoidectomy - SL015A

Mandatory document	Adenoidectomy
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. X-ray of Nasopharynx (lateral view)	Yes
ii. At the time of claim submission	
a. Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Detailed Discharge summary	Yes

2. Branchial Cysts/Sinus/ Fistula excision

**Surgical removal of Branchial Cyst - Surgical removal of Branchial Cyst - SG068A
Thyroglossal / Branchial cyst / sinus / fistula excision – Branchial sinus excision -
SL018D**

**Thyroglossal / Branchial cyst / sinus / fistula excision - Branchial fistula excision -
SL018E**

Mandatory document	Branchial Cyst/ Sinus/ Fistula
i. At the time of Pre-authorization	
Clinical notes with signs, symptoms, indications, planned line of management and advise for admission	Yes
Clinical Photograph	Yes
USG Neck/ Fine needle aspiration cytology (FNAC)	Yes
Optional CT/MRI	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes
Histopathological examination	Yes

3. Capsulotomy (YAG) - SE022A

Mandatory document	Capsulotomy
i. At the time of Pre-authorization	
a. Clinical notes (detailing when was cataract surgery done & indications for doing the procedure with details of vision and fundus examination)	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary (optional)	Yes
b. Procedure note/ operative note	Yes
c. Intraoperative photograph with time and date (Optional)	Yes

4. Macdonald & Shirodhkar Stitch (Cervical Cerclage)

McDonald's stitch - SO050A

Shirodkar's stitch - SO051A

Mandatory document	Cervical Cerclage
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, indications & examination findings	Yes
Investigations such as USG report (if available)	Yes
Antenatal record of current pregnancy, if available	Yes
ii. At the time of claim submission	
Indoor case papers	Yes
Investigation reports including detailed USG scan	Yes
Detailed procedural / operative notes	Yes
Detailed discharge summary, including advice on getting the cerclage removal at 37 th week	Yes

5. Conjunctival tumour excision including Amniotic Membrane Graft - SE009A

Mandatory document	Conjunctival Tumor
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Operative/ procedure notes	Yes
c. Histopathology report	Yes
d. Intraoperative photograph with Patient ID, time and date stamp (optional)	Yes
e. Postoperative photograph after excision	Yes

6. Corneal surgeries& Corneal/ Scleral tear repair (Except limbal dermoid removal)

- I. Corneal Ulcer Management - SE011A
- II. Corneal Grafting - SE012A
- III. Corneal Grafting- Follow-up - SE012B
- IV. Corneal Collagen Crosslinking - SE013A
- V. Corneo / Scleral / Corneo scleral tear repair - SE015A
- VI. Corneal / Scleral Patch Graft - SE016A

Mandatory document	Corneal Ulcer Management	Corneal Grafting	Corneal Graft - Follow Up	Corneal Collagen Crosslinking	Corneo / Scleral / Corneal scleral tear repair	Cornea I/ Scleral Patch Graft
i. At the time of Pre-authorisation						
a. Clinical notes	Yes	Yes	Yes	Yes	Yes	Yes
b. Admission Notes	Yes/No	Yes	No	Yes	Yes	Yes
c. History of corneal grafting in the same eye	No	Yes/No	Yes	No	No	Yes/No
d. Clinical Photograph of the affected eye	Yes	Yes	Yes	Yes	Yes	Yes
e. Pentacam progression maps 3 to 6 months apart	No	No	No	Yes	No	No
f. Ultrasound B-scan	Yes	Yes	Yes	No	Yes	Yes
g. Slit lamp examination	Yes	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission						
a. Detailed Discharge summary	Yes/No	Yes	Yes/No	Yes	Yes	Yes
b. Operative/ procedure notes	Yes	Yes	Yes	Yes	Yes	Yes
c. Histopathology/ Microbiology report of the host tissue/sample	Yes	Yes	No	No	No	No
d. Details of donor cornea	No	Yes	No	No	No	Yes

7. Dacryocystorhinostomy

Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent - SE010A

Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent - SE010B

Dacryocystorhinostomy with Silicon Tube / Stent - SE010C

Dacryocystorhinostomy without Silicon Tube / Stent - SE010D

Mandator y document	Canaliculo Dacryocystorh inostomy with Silicon Tube / Stent	Canaliculo Dacryocystorhinosto my without Silicon Tube / Stent	Dacryocystorhino stomy with Silicon Tube / Stent	Dacryocyst orhinostom y without Silicon Tube / Stent
i. At the time of Pre-authorisation				
b. Clinical notes	Yes	Yes	Yes	Yes
c. Admission Notes	Yes	Yes	Yes	Yes
d. Clinical Photograph	Yes	Yes	Yes	Yes
e. Dye disappearance test	Yes	Yes	Yes	Yes
f. Tear meniscus height measurement	Yes	Yes	No	No
g. & Probing irrigation	Yes	Yes	Yes	Yes
ii. At the time of claim submission				
a. Detailed Discharge summary	Yes	Yes	Yes	Yes
b. Operat	Yes	Yes	Yes	Yes

ive/ Proce dure notes				
c. Histopatholog y report	No	No	Yes	Yes
d. Intraoperati ve photograph with time and date (Optional)	Yes	Yes	Yes	Yes
e. Invoice/ barc ode/ stick er of implant	Yes	No	Yes	No

8. Enucleation/ Evisceration/ Exenteration/ Socket reconstruction

- i. **Enucleation - Without implant - SE035A**
- ii. **Enucleation - With implant - SE035B**
- iii. **Evisceration – Evisceration - SE036A**
- iv. **Exenteration - Exenteration -SE037A**
- v. **Socket Reconstruction including Amniotic Membrane Graft - Socket Reconstruction including Amniotic Membrane Graft - SE038A**

Mandatory document	Enucleat ion (without implant)	Enucleat ion (with implant)	Eviscerat ion	Exenterat ion	Socket Reconstruction including Amniotic Membrane Graft
i. At the time of Pre-authorization					
a. Clinical notes with indication	Yes	Yes	Yes	Yes	Yes
b. Recommendation/ opinion of ophthalmologists	Yes	Yes	Yes	Yes	Yes

for the procedure					
c. Admission Notes	Yes	Yes	Yes	Yes	Yes
d. Clinical Photograph of the affected eye	Yes	Yes	Yes	Yes	Yes
e. CT-scan/ MRI of Head (including affected eye)	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission					
a. Detailed Discharge summary	Yes	Yes	Yes	Yes	Yes
b. Procedure/ operative notes	Yes	Yes	Yes	Yes	Yes
c. Histopathology report/ filled specimen form sent for histopathology	Yes	Yes	Yes	Yes	No
d. Barcode/ sticker of the implant used	No	Yes	No	No	No

9. Glaucoma Surgery

Glaucoma Surgery - Cyclocryotherapy/ Cyclophotocoagulation- SE027A

Glaucoma Surgery – Glaucoma Surgery (Trabeculectomy only) with or without Mitomycin C, including postoperative medications for 12 weeks (and wherever surgical or laser procedures required for bleb augmentation and anterior chamber maintenance) - SE027B

Glaucoma Surgery - Glaucoma Shunt Surgery - SE027C

Glaucoma Surgery - Pediatric Glaucoma Surgery- SE027C

Glaucoma Surgery - Pediatric Glaucoma Surgery - SE027D

Glaucoma Surgery - EUA for Confirmation of Pediatric Glaucoma - SE028A

Mandatory document	Cyclocryotherapy / Cyclophotocoagulation	Glaucoma Surgery (Trabeculectomy only)	Glaucoma Shunt Surgery	Pediatric Glaucoma Surgery	EUA for Confirmation of Pediatric Glaucoma
i. At the time of Pre-authorization					
a. Clinical notes	Yes	Yes	Yes	Yes	Yes
b. Indication	Open angle Glaucoma: Moderate/ advanced Glaucoma/ end stage refractory Glaucoma	Open angle Glaucoma: Moderate/ Advanced Glaucoma ; Closed angle Glaucoma	Open angle Glaucoma: Moderate/ Advanced Glaucoma	Pediatric Glaucoma	Pediatric Glaucoma
c. Documentation of recent field of vision (Perimetry examination)	Yes	Yes	Yes	Yes	No
d. Intra-ocular pressure measurement	No	Yes	Yes	Yes	No
e. Evidence of failed Trabeculectomy	No	Yes	Yes	No	No

f. Admission Notes	Yes	Yes	Yes	Yes	Yes
g. Clinical Photograph	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission					
a. Detailed Discharge summary with Intraocular pressure, Fundus and corneal diameter	Yes	Yes	Yes	Yes	Yes
b. Procedure/operative notes	Yes	Yes	Yes	Yes	Yes
c. Pre-anesthesia check-up	No	No	No	Yes	Yes
d. Documentation of Examination Under Anesthesia (EUA)	No	No	No	Yes	Yes
e. Intraoperative photograph with patient ID, time and date (optional)	Yes	Yes	Yes	Yes	Yes

10. Iridectomy - SE026A

Mandatory document	Iridectomy
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
d. Tonometry report	Yes
e. Gonioscopy report	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Procedure/operative note	Yes

c. Histopathology report (incase of Melanoma of iris)	Yes
d. Intraoperative photograph with patient ID, time and date (Optional)	Yes

11. Lid surgeries

- Ptosis Surgery - SE001A**
- Entropion correction - SE002A**
- Ectropion correction - SE003A**
- Lid Tear Repair- SE004A**
- Lid Abscess Drainage - SE005A**
- Lid Tumor excision + Lid Reconstruction - SE006A**

Mandatory document	Ptosis Surgery	Entropion correction	Ectropion correction	Lid Tear Repair	Lid Abscess Drainage	Lid Tumor excision + Lid Reconstruction
At the time of Pre-						
i. authorization						
b. Clinical notes	Yes	Yes	Yes	Yes	Yes	Yes
c. Admission Notes	Yes	Yes	Yes	Yes	Yes	Yes
d. Clinical Photograph of the affected eye	Yes (Photograph in primary position & lateral gazes)	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission						
a. Detailed Discharge summary	Yes	Yes	Yes	Yes	Yes	Yes

b. Operative/ procedure notes	Yes	Yes	Yes	Yes	Yes	Yes
c. Histopathology/ microbiology report of host tissue	No	No	No	No	Yes	Yes

12. Limbal Dermoid Removal - SE019A

Mandatory document	Limbal Dermoid Removal
i. At the time of Pre-authorization	
a. Clinical notes with indication	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Procedure/ operative notes	Yes
c. Intraoperative photograph with Patient ID, time and date (optional)	Yes
d. Evidence of submission of removed tissue for histopathology examination	Yes

13. Orbitotomy - SE039A

Mandatory document	Orbitotomy
i. At the time of Pre-authorization	
a. Clinical notes with indication	Yes

b. Admission Notes	Yes
c. CT scan of Head (including affected eye)	Yes
d. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Procedure/ operative notes	Yes
c. Histopathology report	Yes
d. Intraoperative photograph with patient ID, time and date (optional)	Yes
e. Still image of the gross specimen removed	Yes

14. Retinal Cryopexy - SE031A

Mandatory document	Retinal Cryopexy
i. At the time of Pre-authorization	
a. Clinical notes with indication for procedure	Yes
b. Admission Notes	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Operative/ procedure notes	Yes
c. Intraoperative photograph with Patient ID, time and date (optional)	Yes

15. Retinal Laser Photocoagulation

Retinal Laser Photocoagulation - For retinal tear repair Per Eye Per Sitting - SE029A

Retinal Laser Photocoagulation - Pan Retinal Photocoagulation (PRP) - Retinal Laser including 3 sittings / package of retino laser photocoagulation (3 sittings per eye for both eyes) - SE029B

Mandatory document	For retinal tear repair Per Eye Per Sitting	Photocoagulation PanRetinal (PRP) - Retinal Laser including 3 sittings / package of retino laser photocoagulation (3 sittings per eye for both eyes)
At the time of Pre-authorization		
a. Clinical notes	Yes	Yes
b. Admission Notes	Yes	No
ii. At the time of claim submission		
a. Detailed Discharge summary	Yes	Yes
b. Procedure notes/ Operative notes	Yes	Yes
c. Intra-Procedure photograph with time and date (optional)	Yes	Yes

16. Retinopathy of prematurity

Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session - Laser Therapy for Retinopathy of Prematurity (Irrespective of no. of eyes affected) - per session - MN008A

Advanced Surgery for Retinopathy of Prematurity - Advanced Surgery for Retinopathy of Prematurity - MN009A

ROP Laser - Per Eye - ROP Laser - Per Eye - SE030A

Mandatory document	Retinopathy of prematurity
i. At the time of Pre-authorization	
Clinical notes	Yes
Indirect ophthalmoscopy examination	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Intra-procedure photograph(optional)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

17. Scleral Buckling Surgery/ Removal

Scleral buckling surgery - SE017A

Scleral Buckle Removal - SE018A

Mandatory document	Scleral Buckling Surgery	Scleral Buckle removal
i. At the time of Pre-authorization		
a. Clinical notes with indication for surgery	Yes	Yes
b. Admission Notes	Yes	Yes
c. Clinical Photograph of the affected eye	Yes	Yes
ii. At the time of claim submission		
a. Detailed Discharge summary	Yes	Yes
b. Operative/ procedure notes	Yes	Yes
c. Microbiology report of the host tissue	No	Yes (Optional)
d. Investigation reports- Fundus examination/	Yes	Yes

B-scan		
e. Intraoperative photograph with Patient ID, time and date(optional)	Yes	Yes

18. Squint correction**Squint correction - Minor - upto 2 muscles - SE008A****Squint correction - Major - 3 or more muscles (complex surgery involving four muscles or oblique muscles) - SE008B**

Mandatory document	Squint correction
i. At the time of Pre-authorization	
a. Clinical notes detailing which muscle is affected	Yes
b. Admission Notes	Yes
c. Clinical Photograph	Yes

d. Indication for GA, if required	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Procedure notes/ operative notes	Yes

c. Intraoperative photograph with patient ID, date and time (optional)	Yes
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19. Surgery for Paediatric cataract

Surgery for Pediatric cataract – Paediatric lensectomy - SE021A

Surgery for Pediatric cataract - Pediatric lens aspiration with posterior capsulotomy & anterior vitrectomy - SE021B

Surgery for Pediatric cataract – Paediatric Membranectomy & anterior vitrectomy - SE021C

Mandatory document	Paediatric lensectomy	Pediatric lens aspiration with posterior capsulotomy & anterior vitrectomy	Paediatric Membranectomy & anterior vitrectomy
i. At the time of Pre-authorization			
a. Indication Clinical notes (detailing for Lensectomy /pediatric lens aspiration/ membranectomy and supporting investigation)	Yes	Yes	Yes
b. Admission Notes	Yes	Yes	Yes
c. Clinical Photograph	Yes	Yes	Yes
ii. At the time of claim submission			
a. Detailed Discharge summary with visual outcomes	Yes	Yes	Yes

b. Procedure/ Operative notes	Yes	Yes	Yes
c. Intraoperative photograph with time and date (optional)	Yes	Yes	Yes
d. Barcode of IOL used	Yes	Yes/ No	Yes/ No

20. Vitreoretinal Surgery**Vitreoretinal Surgery with silicon oil insertion - SE032A****SOR (Silicon Oil Removal) - SE033A**

Mandatory document	Vitreoretinal Surgery (with Silicon Oil Insertion)	SOR (Silicon Oil Removal)
i. At the time of Pre-authorization		
a. Clinical notes	Yes	Yes
b. Admission Notes	Yes	Yes
c. Fundus examination	Yes	Yes
d. B-Scan	Yes (optional)	No
ii. At the time of claim submission		
a. Detailed Discharge summary	Yes	Yes
b. Procedure/ operative notes	Yes	Yes
c. Sticker/ Barcode of the Intraocular lens (IOL)	Yes (If IOL Used)	Yes (if IOL used)
d. Intraoperative photograph with patient ID, time and date stamp (optional)	Yes	Yes

21. Vulval Haematoma Drainage - SO034A

Mandatory document	Vulval Haematoma
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	Drainage
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Delivery notes (whether haematoma is formed after delivery), if available/ reason for non-availability	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports	Yes
Detailed operative notes	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	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.

#ApprovedBy# for Approver Info


(5/11/2020)