

**To**

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 8 (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 8<sup>th</sup> set of 20 STGs and make live in the PM-JAY KASP IT system by 24.10.2020.

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

**STG Procedures – Mandatory Documents**

**1. Basilar invagination**

**Trans oral Surgery - SN018A**

<b>Mandatory document</b>	<b>Trans oral Surgery</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes
Clinical Evaluation	Yes
CT/ MRI CVJ/ cervical spine - X ray	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Preop and post op CT-CVJ	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**2. Chiari Malformation**

**Foramen Magnum Decompression - SN026A**

<b>Mandatory document</b>	<b>Foramen Magnum Decompressio n</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes
Clinical picture (optional) for associated conditions	Yes
MRI Brain and Spine	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Post-operative photographs (optional)	Yes
Post-op CT CVJ (craniovertebral junction)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**3. Congenital Atresia & Stenosis of Small Intestine  
Congenital Atresia & Stenosis of Small Intestine - SG014A**

<b>Mandatory document</b>	<b>Congenital Atresia &amp; Stenosis of Small Intestine</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Evaluation	Yes
Upper / lower gastrointestinal series contrast study	Yes
<b>Optional</b> X-ray erect/CT/MRI Abdomen	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intraoperative photos (optional)	Yes
Detailed discharge summary	Yes

**4. Cranial Nerve Anastomosis --SN048A**

<b>Mandatory document</b>	<b>Cranial nerve anastomosis</b>
<b>i. At the time of Pre-authorization</b>	

Clinical notes	Yes
Clinical evaluation	Yes
EMG (Electromyography)	Yes
Nerve conduction study	Yes
<b>Optional</b> CT/MRI Viral Serology Electroneurography (ENOG)	
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Intra-operative photographs (Optional)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**5. Electro Cauterization / Cryo Surgery (of Cervix) - SO044A**

<b>Mandatory document</b>	<b>Electro cauterization/ Cryo Surgery</b>
<b>i. At the time of Pre-authorization</b>	
<b>Detailed clinical notes with history, symptoms, signs, examination findings, indications, and advice for admission</b>	Yes
<b>Patient is in post-menstrual phase</b>	Yes
<b>Pap smear – mandatory or Colposcopy (optional) findings, if available</b>	Yes
<b>ii. At the time of claim submission</b>	
<b>Detailed clinical notes</b>	Yes
<b>Investigation reports</b>	Yes
<b>Detailed operative/ procedure notes</b>	Yes
<b>Post procedure instructions</b>	Yes

**6. Epilepsy Surgery - SN012A**

<b>Mandatory document</b>	<b>Epil epsy Sur</b>

	<b>gery</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes
Clinical Evaluation	Yes
Electroencephalogram (EEG)	Yes
Video EEG	Yes
CT/MRI brain	Yes
Optional PET (positron emission tomography) SPECT (single photon emission tomography)	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Preop MRI & Postop MRI/CT	Yes
Post op EEG	Yes
Detailed discharge summary	Yes

**7. Ileal replacement for ureteric stricture - SU032A**

<b>Mandatory document</b>	<b>Ileal replacement for ureteric stricture</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Antegrade and Retrograde Pyelography	Yes
Computed Tomography KUB/ Urography	Yes
Diuretic renography/ creatinine clearance	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers	Yes
Detailed procedure / operative notes	Yes
Detailed discharge summary	Yes

**8. Lymphoedema**

**Lymphatics Excision of Subcutaneous Tissues in Lymphoedema - SG093A**

<b>Mandatory document</b>	<b>Lymphatics Excision of Subcutaneous Tissues in</b>
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	<b>Lymphoedema</b>
<b>i. At the time of Pre-authorization</b>	
<b>Clinical notes</b>	<b>Yes</b>
<b>Clinical picture</b>	<b>Yes</b>
<b>Optional Lymphangiography/Lymphoscintigraphy/CT/ MRI of the affected site</b>	<b>Yes</b>
<b>Planned line of treatment</b>	<b>Yes</b>
<b>ii. At the time of claim submission</b>	
<b>Detailed Indoor case papers (ICPs)</b>	<b>Yes</b>
<b>Detailed Procedure / operative notes</b>	<b>Yes</b>
<b>Post-operative clinical photograph</b>	<b>Yes</b>
<b>Histopathological examination</b>	<b>Yes</b>
<b>Detailed discharge summary</b>	<b>Yes</b>

9. Nerve Biopsy

**Nerve Biopsy excluding Hensens - SN050A**

<b>Mandatory document</b>	<b>Nerve Biopsy excluding hensens</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Evaluation	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Histopathological examination	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

10. Operative Cholecystostomy

**Operative Cholecystostomy - Open - SG040A**

**Operative Cholecystostomy - Lap. - SG040B**

<b>Mandatory document</b>	<b>Operative</b>
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	<b>Cholecystostomy</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical evaluation	Yes
USG/CT Abdomen / Liver function test / White blood count / Hepatobiliaryiminodiacetic acid scan (HIDA scan-optional)	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Operative photographs	Yes
Detailed discharge summary	Yes

**11. Operative Gastrostomy - SG004A**

<b>Mandatory document</b>	<b>Operative Gastrostomy</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes, specifying need for gastrostomy (indication)	Yes
Clinical Evaluation	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

**12. Peritoneal Dialysis**

**Haemodialysis/ Peritoneal Dialysis - MG072B**

<b>Mandatory document</b>	<b>Peritoneal Dialysis</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes detailing history	Yes

b. Admission notes showing vitals (BP, Pulse) and examination findings	Yes
c. Renal Function test	Yes
d. Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Treatment details	Yes
c. Detailed Discharge Summary	Yes

**13. Sinus Excision & Curettage**

**Excision of Sinus and Curettage - SG034A**

<b>Mandatory document</b>	<b>Excision of Sinus and Curettage</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical picture (private parts may be covered)	Yes
<b>Optional</b> Sinogram / X-ray of the affected site USG of the affected site	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative clinical photograph (optional)	Yes
Histopathological examination	Yes
Detailed discharge summary	Yes

**14. Skull Traction - SN027A**

<b>Mandatory document</b>	<b>Skull traction</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical evaluation	Yes

Cervical X-ray/CT/MRI	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Post-procedure photograph (optional)	Yes
Lateral C-spine X-rays within 6 hours after application of traction	Yes
In case of accident was FIR done (optional)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**15. Splenectomy**

**Splenectomy – Open - SG042A**

**Splenectomy - Lap. - SG042B**

<b>Mandatory document</b>	<b>Splenectomy</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Evaluation	Yes
USG/CECT Abdomen	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Histopathological examination	Yes
Detailed discharge summary	Yes

**16. Sympathectomy - SG073A**

<b>Mandatory document</b>	<b>Sympathectomy</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical photographs	Yes
<b>Investigations</b>	Yes
1. Doppler ultrasound blood flow	

<b>Optional</b> 1. Duplex scan 2. Angiography (arteriography) 3. Magnetic Resonance Angiography (MRA) 4. CT Angiography	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

**17. Thoracoplasty - SG079A**

<b>Mandatory document</b>	<b>Thoraco plasty</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Evaluation	Yes
Chest X-ray/CT/MRI	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
X-ray Chest prior to discharge	Yes
Detailed discharge summary	Yes

**18. Thymectomy - SG072A**

<b>Mandatory document</b>	<b>T h y m e c t o m y</b>
<b>i. At the time of Pre-authorization</b>	

Clinical notes	Y es
Clinical Evaluation	Y es
<b>Investigations (Optional – Based on Etiology)</b> 1. CT/MRI/PET 2. Thoracoscopy 3. Biopsy 4. Pulmonary function test 5. Thyroid profile 6. Nerve conduction studies (EMG/ENMG)/Prostigmine/Tensilon test/ 7. Ach receptor antibody testing	Y es
Planned line of treatment	Y es
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Y es
Detailed Procedure / operative notes	Y es
Intra-operative photographs (optional)	Y es
Histopathological examination	Y es
Detailed discharge summary	Y es

**19. Twist Drill Craniostomy - SN003A**

<b>Mandatory document</b>	<b>Twist Drill Craniostomy</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes
Clinical Evaluation	Yes
CT/MRI Brain	Yes
<b>Optional</b> Prothrombin Time (PT)/INR, Partial thromboplastin time (PTT), and platelet count	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Yes
CT Brain	Yes
Intra-operative photographs (optional)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**20. Pharyngoplasty/ Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnoea -SL019A**

<b>Mandatory document</b>	<b>Pharyngoplasty/ Uvulopalatopharyngoplasty (UPPP) for obstructive sleep apnoea</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes
b. Polysomnography (sleep study)	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Detailed Discharge summary	Yes
d. Post procedure clinical photograph of the affected part	Yes

**Yours faithfully,**

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**28/10/2020**