

06/11/2020

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines
9(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 9th set of 20 STGs and make live in the PM-JAY KASP IT system by 04.11.2020.

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

STG Procedures – Mandatory Documents

1. Ankle Fracture

Open Reduction Internal Fixation - SB020A

Mandatory document	Open Reduction Internal Fixation
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) - affected limb.	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Post Procedure clinical photograph	Yes
b. Post op X-ray is labelled with patient ID, date and side (Left/ Right) showing affected part.	Yes
a. Barcode/Invoice of implant (Optional)	Yes
b. Detailed operative note	Yes
c. Discharge Summary including follow up advice	Yes

2. Bone grafting for non-union - SB023A

Mandatory document	Bone grafting for non union
i. At the time of Pre-authorization	
a. Clinical notes detailing earlier surgery that resulted in non-union	Yes
b. Clinical photograph of affected part	Yes
c. Radiological investigations confirming the diagnosis (X-ray labelled with patient ID, date and side (Left/ Right) showing affected part.)	Yes
ii. At the time of claim submission	
a. Post Procedure clinical photograph of donor and recipient sites	Yes
b. Post procedure imaging study (X-ray labelled with patient ID, date and side (Left/ Right) showing affected part)	Yes
c. Detailed procedure/ operative notes	Yes
d. Discharge Summary	Yes

3. Brain Abscess

Excision of Brain Abscess - SN010A

Abscess Tapping - SN011A

Mandatory document	Excision of Brain Abscess	Abscess tapping
i. At the time of Pre-authorization		
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes	Yes
Clinical Evaluation	Yes	Yes
CECT/MRI brain	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes
CT brain (Preop & Post op)	Yes	Yes
Histopathology examination	Yes	Yes
Detailed discharge summary	Yes	Yes

4. Cystic Swellings/ Cyst excision

Lipoma / Cyst / other cutaneous swellings Excision - Lipoma Excision - SG085A

Lipoma / Cyst / other cutaneous swellings Excision - Cyst Excision - SG085B

Lipoma / Cyst / other cutaneous swellings Excision - Other cutaneous swellings Excision - SG085C

Mandatory document	Lipoma / Cyst / other cutaneous swellings Excision
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photographs	Yes
Optional X-ray/USG/CT/MRI region of interest Thyroid scan (thyroglossal cyst)	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative photographs	Yes
Histopathological examination	Yes
Detailed discharge summary	Yes

5. Guidance document for Cystolithotomy/Cystolithotripsy

Cystolithotomy - Open, including cystoscopy - SU040A

Cystolithotripsy / Urethral Stone endoscopic, including cystoscopy - SU041A

Cystolithotripsy/ Urethral Stone endoscopic, including cystoscopy - SU041B

Mandatory document	Cystolithotomy/ Cystolithotripsy
i. At the time of Pre-authorization	
Clinical notes	Yes
USG abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers	Yes
USG Abdomen report	Yes

Detailed procedure / Operative Notes	Yes
Detailed Discharge Summary	Yes

6. Duplication cysts

Duplication Cyst Excision - SS006A

Operation for Duplication of Intestine - SG015A

Mandatory document	Duplication cyst excision	Operation for duplication of intestine
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
CT/MRI	Yes	Yes
Endoscopic ultrasound ± fine needle aspiration	Yes	Yes
Planned line of treatment	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed operative/procedure notes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes
Detailed discharge summary	Yes	Yes
Histopathological examination	Yes	Yes

7. Elbow replacement - SB037A

Mandatory document	Elbow Replacement
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. X-ray/ CT labelled with patient ID, date and side (Left/ Right)-affected limb justifying the surgery	Yes
ii. At the time of claim submission	
a. Post Procedure clinical photograph	Yes
b. Detailed discharge summary.	Yes
c. Detailed Procedure / Operative Notes.	Yes
d. Post op X-ray labelled with patient ID, date and side (Left/ Right)-affected limb, showing the implant	Yes
e. Invoice / bar code of implant	Yes

8. Endopyelotomy

Retrograde with laser / bugbee - SU038A

Antegrade with laser /bugbee - SU038B

Mandatory document	Endopyelotomy
i. At the time of Pre-authorization	
Clinical notes	Yes
Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram	Yes
Diuretic renogram	Yes
ii. At the time of claim submission	
Detailed Indoor case papers	Yes
Detailed procedure / operative notes	Yes
Bugbee electrode (barcode)	Yes
Detailed Discharge Summary	Yes

9. Excision of bursa - SB065A

Mandatory document	Excision of bursa
i. At the time of Pre-authorization	
a. Clinical notes detailing findings confirming the diagnosis	Yes
b. Clinical photograph of the affected part	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) - affected part justifying the indication.	Yes
ii. At the time of claim submission	
a. Post-procedure clinical photograph	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Detailed Discharge summary	Yes

10. External Ventricular Drainage (EVD) / Ventricular Puncture

External Ventricular Drainage (EVD) including antibiotics - SN020A

Ventricular Puncture - SN021A

Mandatory document	External Ventricular Drainage (EVD)	Ventricular Puncture

		Puncture
i. At the time of Pre-authorization		
Clinical notes	Yes	Y e s
Clinical Evaluation	Yes	Y e s
CT/MRI brain	Yes	Y e s
Cerebrospinal Fluid (CSF) Analysis	Yes	Y e s
Coagulation Profile	Yes	Y e s
Planned line of treatment	Yes	Y e s
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Y e s
Detailed Procedure / operative notes	Yes	Y e s
Post-operative photographs (optional)	Yes	Y e s
CT brain (Preop & Post op)	Yes	Y e s
Histopathology examination	Yes	Y e s
Detailed discharge summary	Yes	Y e s

11. Gastrectomy-Bleeding Peptic Ulcer

Bleeding Ulcer - Partial Gastrectomy without Vagotomy - SG003A

Bleeding Ulcer – Partial Gastrectomy with Vagotomy - SG003B

Mandatory document	Bleeding Ulcer – Partial Gastrectomy with/without Vagotomy
i. At the time of Pre-authorization	
Clinical notes explaining endoscopy has failed, or other indication for proceeding with surgery	Yes
Upper GI Endoscopy with photographs	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs	Yes
Histopathological examination	Yes
Detailed discharge summary	Yes

12. Hiatus Hernia/ Fundoplication

Hiatus Hernia Repair – Open - SG053A

Hiatus Hernia Repair - Lap. - SG053B

Fundoplication – Open - SG053C

Fundoplication – Lap - SG053D

Mandatory document	Hiatus Hernia Repair (Open/Lap)	Fundoplication (Open/Lap)
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
Clinical Evaluation	Yes	Yes
Upper gastrointestinal series/barium swallow	Yes	Yes
Upper endoscopy	Yes	Yes
24-hr pH-monitoring	Yes	Yes
Oesophageal manometry	Yes	Yes
Planned line of treatment	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes

Detailed discharge summary	Yes	Yes
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13. High Tibial Osteotomy - SB057A

Mandatory document	High tibial osteotomy
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. Weightbearing (FLWB)/ Standing X-ray labelled with patient ID, date and side (Left/ Right)-affected limb justifying the indication;	Yes
ii. At the time of claim submission	
a. Post operation clinical photograph	Yes
b. Post op X-ray is labelled with patient ID, date and side (Left/ Right) showing affected part.	Yes
c. Invoice / bar code of implant (optional)	Yes
d. Detailed operative note	Yes
e. Discharge Summary	Yes

14. Manual Removal of Placenta - SO055A

Mandatory document	Manual Removal of Placenta
i. At the time of Pre-authorization (Its an emergency procedure pre-auth is not mandatory)	
Detailed clinical notes including Delivery notes (if available) with history, symptoms, signs, examination findings, indications and advice for admission	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (last Pre-delivery reports incl. Haemoglobin, Urine albumin, sugar, ABO-Rh & post-delivery: Haemoglobin)	Yes
Detailed operative / procedure notes	Yes
Documentation of General anaesthesia (preferable) or Intravenous sedation	Yes
Detailed discharge summary including follow up advice	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

15. Medical Termination of Pregnancy (MTP)

MTP upto 8 weeks - SO053A

MTP upto 12 weeks - SO053B

MTP > 12 weeks - SO053C

Mandatory document
i. At the time of Pre-authorization
<ul style="list-style-type: none"> • Detailed Admission notes with History & indication • Findings of clinical examination • How was pregnancy confirmed? UPT/ Clinical examination/ USG • Reports of mandatory investigations: <ul style="list-style-type: none"> ○ Hemoglobin, Packed cell volume (PCV) ○ Urine routine examination ○ ABO Rh (MTP >8 weeks) ○ <i>USG (if available), mandatory for pregnancy >8 weeks-12 weeks & >12 weeks to 20 weeks</i>

<ul style="list-style-type: none"> • MTP form • Detailed operative note
<ul style="list-style-type: none"> • Age proof • Completed Consent form (Form C, given as Annexure 1) • Completed RMP Opinion Form (Form I, given as Annexure 2)
ii. At the time of claim submission
<p>Detailed Operative notes:</p> <ul style="list-style-type: none"> • Method used for termination • Medications/anaesthesia used • Outcomes of the procedure
<p>Detailed Discharge Summary:</p> <ul style="list-style-type: none"> • Prescription of drugs • Warning signs and symptoms • Contraceptive use • Follow up visit date
Completed entry in MTP/Admission Register (Form III, given as Annexure 3)

16. Neural Tube defects

Meningocele – Anterior - SN005A

Meningocele – Lumbar - SN005B

Meningocele – Occipital - SN005C

Anterior Encephalocele - Anterior Encephalocele - SN052A

Spina Bifida Surgery - Spina Bifida Surgery - SN053A

Mandatory document	Meningocele	Anterior Encephalocele	Spina Bifida Surgery
i. At the time of Pre-authorization			
Clinical notes with signs, symptoms, indications, planned line of management and advice for admission	Yes	Yes	Yes
Clinical picture	Yes	Yes	Yes
Plain X-ray skull CT/MRI Brain/Spine	Yes	Yes	Yes
Optional Cranial ultrasound / Spinal	Yes	Yes	Yes

ultrasound			
ii. At the time of claim submission			
Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes	Yes
Post-operative photographs (optional)	Yes	Yes	Yes
Detailed discharge summary	Yes	Yes	Yes

17. Oesophageal stricture

Gastrostomy + Esophagoscopy + Threading (Pediatric Surgery) - SS004A

Operations for Replacement of Oesophagus by Colon (General/Pediatric Surgery)-SG002A

Mandatory document	Gastrostomy + Esophagoscopy + Threading	Operations for Replacement of Oesophagus by Colon
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
Barium contrast swallow / Upper Gastrointestinal Endoscopy	Yes	Yes
Optional based on clinical symptoms and availability: X-ray (PA & lateral views) CT/MRI Endoscopic ultrasound Oesophageal pH monitoring Oesophageal manometry Complete blood count Liver function test Metabolic profile Histopathological examination	Yes	Yes
Planned line of treatment	Yes	Yes

		e s
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Y e s
Detailed procedure/operative notes	Yes	Y e s
Intra-operative photographs (optional)	Yes	Y e s
Detailed discharge summary	Yes	Y e s
Barium contrast swallow	Yes	Y e s

18. Open reduction of CDH (Congenital Dysplasia of Hip) - SB034A

Mandatory document	Open reduction of CDH
i. At the time of Pre-authorization	
a. Clinical notes confirming CDH	Yes
b. X-ray/Ultrasonography –both Hips confirming CDH labelled with patient ID, date.	Yes
c. Clinical photograph	Yes
ii. At the time of claim submission	
a. Post-op X-ray labelled with patient ID, date and side (Left/Right)	Yes
b. Post Procedure clinical photograph	Yes
c. detailed Procedure / Operative Notes	Yes
d. Detailed Discharge summary	Yes

19. Patellectomy - SB035A

Mandatory document	Patellectomy
i. At the time of Pre-authorization	

a. Clinical notes	Yes
b. X-ray of the patella justifying the procedure with patient ID, date and side (Left/ Right)	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Post Procedure clinical photograph	Yes
b. Post procedure imaging study (X Ray)	Yes
c. Detailed Procedure / Operative Notes.	Yes
d. Detailed discharge summary.	Yes

20. Tonsillectomy & Peritonsillar abscess drainage

Tonsillectomy - Tonsillectomy - U/L - SL016A

Tonsillectomy - Tonsillectomy - B/L - SL016B

Peritonsillar abscess drainage / intraoral calculus removal - Peritonsillar abscess drainage - SL017A

Mandatory document	Tonsillectomy	Peritonsillar abscess drainage
i. At the time of Pre-authorization		It's an emergency condition, pre-auth documents may be submitted after admission
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advise for admission)	Yes	Yes
b. Throat culture report	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. Histopathology report	Yes	No
e. Culture/ Sensitivity report of pus	No	Yes
f. Post procedure clinical photograph of the affected part	Yes	Yes

Yours faithfully,

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