

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 18 (STGs) – Mandatory Documents reg.

Ref: 1.DO No.S-12015/78/2020-NHA (HNW &QA) (Pt.1) (Vol.2) Dated 23.12.2020

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 18th set of 30 STGs and make live in the PM-JAY KASP IT system by 05.03.2021.

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

STG Procedures – Mandatory Documents

1. Augmentation cystoplasty

Package name	Procedure name	HBP 2.0 code
Augmentation cystoplasty	Open	SU045A
Augmentation cystoplasty	Lap.	SU045B

Mandatory document	Augmentation cystoplasty
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Y es
b. Intravenous pyelogram (IVP) /CT IVP/MRI, Cystogram	Y es
ii. At the time of claim submission	
a. Indoor case papers with daily vitals and treatment details	Y es
b. Detailed Procedure / Operative Notes	
c. Intraoperative still images/ Post procedure Imaging	Y es
d. Detailed discharge summary	Y es

2. Biopsy

Package name	Procedure name	HBP 2.0 code
Biopsy	Endometrial Aspiration	SG096B
Biopsy	Cervix Cancer screening (PAP + Colposcopy)	SG096C
Biopsy	Vulval	SG096E

Mandatory document	Endometrial Aspiration	Cervix Cancer screening (PAP + Colposcopy)	Vulval
i. At the time of Pre-authorization			
Clinical notes with supporting investigations	Yes	Yes	Yes
Indication for procedure	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed indoor case papers (optional)	Yes	Yes	Yes
Other Investigation reports if done	Yes	Yes	Yes
Detailed procedure notes	Yes	Yes	Yes
Intra-procedure photographs (optional)	Yes	Yes	Yes
Histopathological Examination	Yes	Yes	Yes
Detailed Discharge Summary	Yes	Yes	Yes

3. Boari flap for ureteric stricture

Package name	Procedure name	HBP 2.0 code
Boari flap for ureteric stricture	Open	SU031A
Boari flap for ureteric stricture	Lap	SU031B

Mandatory document	Boari flap for ureteric stricture
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Intravenous pyelogram /CT- Intravenous pyelogram +/- Micturating Cysto-Urethrogram	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes	
c. Detailed Discharge Summary	Yes

4. Choledochal cyst

Package name	Procedure name	HBP 2.0 code
Operation of Choledochal Cyst	Operation of Choledochal Cyst	SG041A

Mandatory document	Operation of Choledochal cyst
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Ultrasound Abdomen	Yes
Magnetic Resonance Cholangiopancreatography (MRCP)	Yes
Optional Endoscopic retrograde cholangiopancreatography (ERCP) / CT Abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

5. Surgery for Comminuted Fracture - Olecranon of Ulna / Fracture Head radius / Fracture intercondylar Humerus + olecranon osteotomy

Package name	Procedure name	HBP 2.0 code
Surgery for Comminuted Fracture - Olecranon of Ulna	Plating	SB011 A
Fracture Head radius	Fixation	SB012 A
Fracture Head radius	Excision	SB012B
Fracture intercondylar Humerus + olecranon osteotomy	Fracture intercondylar Humerus + olecranon osteotomy	SB016 A

Mandatory document	Plating, Fixation, Fracture intercondylar Humerus + olecranon osteotomy	Excision
i. At the time of Pre-authorization		
a. Clinical notes detailing indication	Yes	Yes
b. Clinical photograph of affected part	Yes	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes	Yes
ii. At the time of claim submission		
a. Indoor case papers	Yes	Yes
b. Procedure / operation notes	Yes	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes	Yes
d. Invoice and barcode of implant	Yes	No
e. Post Procedure clinical photograph	Yes	Yes
f. Discharge Summary	Yes	Yes

6. Debridement of Ulcer

Package name	Procedure name	HBP 2.0 code
Debridement of Ulcer with follow up dressings	Debridement of Ulcer	SG086A

Mandatory document	Debridement of ulcer
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of procedure and planned line of management	Yes
Clinical Photographs of the affected part	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-procedure photographs	Yes
Detailed discharge summary	Yes

7. Diverticulectomy

Package name	Procedure	HBP 2.0 code
Diverticulectomy	Excision Duodenal Diverticulum	SG016A
Diverticulectomy	Excision Meckel's Diverticulum	SG016B

Mandatory document	Diverticulectomy
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of procedure and planned line of management	Yes
Barium X-ray / Upper GI Endoscopy / USG/CECT/MRI Abdomen / Meckel scan (^{99m} Tcperchnetate Scintigraphy – gastrointestinal bleeding) / Double balloon Enteroscopy	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Histopathological examination report	Yes
Detailed discharge summary	Yes

8. Emergency management of Hematuria

Package name	Procedure name	HBP 2.0 code
Emergency management of Hematuria	Emergency management of Hematuria	SU073A

Mandatory document	Emergency management of Hematuria
i. At the time of Pre-authorization	It's an emergency procedure, pre-auth can be submitted later after patient stabilization
a. Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Urine (Routine/culture) reports	Yes
c. USG Abdomen	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Detailed procedure notes	Yes
c. Detailed discharge summary	Yes

9. Femoral and Obturator Hernia

Package name	Procedure	HBP 2.0 code
Groin Hernia Repair	Femoral - Open	SG050C
Groin Hernia Repair	Femoral - Lap	SG050D
Groin Hernia Repair	Obturator - Open or Lap.	SG050E

Mandatory document	Groin Hernia Repair
i.At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for implant as applicable, and planned line of management	Yes
Ultrasound/CT/MRI of the groin (for obturator hernia diagnosed preoperatively)	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Implant details – barcode/invoice (if applicable)	Yes
Detailed discharge summary	Yes

10. Filarial hydrocele

Package name	Procedure name	HBP 2.0 code
Excision Filarial Scrotum	Excision Filarial Scrotum	SG055A

Mandatory document	Excision Filarial Scrotum
i.At the time of Pre-authorization	
Clinical notes	Yes
Clinical photographs	Yes
Peripheral blood examination	Yes
USG Abdomen and scrotum	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Post-operative Photographs	Yes
Detailed discharge summary	Yes

11. Gastric Outlet Obstruction

Package name	Procedure name	HBP 2.0 code
Pyloroplasty	Pyloroplasty	SG008A
Pyloromyotomy	Pyloromyotomy	SG009A

Mandatory document	Pyloroplasty/ Pyloromyotomy
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
USG Abdomen/ Upper Gastrointestinal Endoscopy/ Barium meal series	Yes
Optional Biopsy	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

12. Gastric/Duodenal Perforation

Package name	Procedure	HBP 2.0 code
Operation for Gastric / Duodenal Perforation	Gastric Perforation	SG007A
Operation for Gastric / Duodenal Perforation	Duodenal Perforation	SG007B

Mandatory document	Gastric / Duodenal Perforation
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of procedure and planned line of management	Yes
X-ray Chest/Abdomen / USG/CT Abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Optional FIR/MLC in case of trauma cases	Yes

Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

13. Incision & Drainage of Abscess

Package name	Procedure name	HBP 2.0 code
Incision & Drainage of Abscess	Incision & Drainage of Abscess	SG084A

Mandatory document	Incision & Drainage of Abscess
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure and planned line of management	Yes
Clinical Photograph	Yes
Sepsis screen/blood culture	Yes
Optional USG/CT	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Culture report of wound or pus	Yes
Detailed discharge summary	Yes

14. Laceration - Suturing, Dressing

Package name	Procedure name	HBP 2.0 code
Laceration - Suturing / Dressing	Laceration - Suturing / Dressing	ER001A

Mandatory	Laceration - Suturing /
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document	Dressing
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, planned line of treatment	Yes
b. Pre-clinical photograph	Yes
ii. At the time of claim submission	
a. Detailed clinical notes, vitals and treatment given	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Post procedure clinical photograph of the affected part	yes
d. Detailed Discharge summary	Yes

15. Lung hydatid cyst

Package name	Procedure name	HBP 2.0 code
Lung Hydatid Cyst removal	Lung Hydatid Cyst removal	SG083A

Mandatory document	Lung Hydatid Cyst
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
CT/MRI Chest	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative or specimen Photographs (optional)	Yes
Histopathological examination report	Yes
Postoperative Chest X-ray or CT	Yes
Detailed discharge summary	Yes

16. Lymph node biopsy

Package name	Procedure name	HBP 2.0 code
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Biopsy	Lymph Node	SG096A
Biopsy	Cervical (Neck)	SG096D

Mandatory document	Lymph Node / Cervical (Neck)
i. At the time of Pre-authorization	
Clinical notes with supporting investigations	Yes
Clinical photograph	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Other Investigation reports if done	Yes
Detailed procedure notes	Yes
Post-procedure photographs (optional)	Yes
Histopathological Examination	Yes
Detailed Discharge Summary	Yes

17. **Mammary duct fistula - Total duct excision**

Package name	Procedure name	HBP 2.0 code
Excision Mammary Fistula	Excision Mammary Fistula	SG076A

Mandatory document	Excision Mammary Fistula
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Ultrasound of the affected site	Yes
Optional Fistulogram Mammography	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Histopathological examination	Yes
Detailed discharge summary	Yes

18. Mesenteric Cyst

Package name	Procedure name	HBP 2.0 code
Mesenteric Cyst – Excision	Mesenteric Cyst – Excision	SG048A

Mandatory document	Mesenteric Cyst – Excision
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
USG/CT/MRI Abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Histopathology examination	Yes
Detailed discharge summary	Yes

19. Negative pressure wound therapy

Package name	Procedure name	HBP 2.0 code
NPWT	NPWT	SP008A

Mandatory document	N P W T
i. At the time of Pre-authorization	
Clinical notes with history, symptoms, signs, examination findings, and advice for admission	Y e s
Clinical photograph	Y e s
Indication of procedure	Y e

	s
Planned line of treatment	Y e s
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Y e s
Detailed Procedure / operative notes	Y e s
Post-operative photographs	Y e s
Detailed discharge summary	Y e s

20. Partial Cystectomy (Only for Benign Condition)

Package name	Procedure name	HBP 2.0 code
Partial Cystectomy	Open	SU043A
Partial Cystectomy	Lap	SU043B

Mandatory document	Partial Cystectomy
i. At the time of Pre-authorisation	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. CT/ MRI report	Yes
c. FNAC / Biopsy report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Histopathology report	Yes
c. Detailed procedure / operative Notes	Yes
d. Detailed discharge summary	Yes

21. Partial Cystectomy- Follow Up

Package name	Procedure name	HBP 2.0 code
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Partial Cystectomy Follow Up	Partial Cystectomy Follow Up	SU044
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Mandatory document	Partial Cystectomy follow-up
i. At the time of Pre-authorisation	
a. Clinical notes detailing examination findings, previous surgery/procedure, advise for daycare procedure.	Yes
b. Discharge Summary of last admission for Partial cystectomy procedure	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure USG report	

22. Peripheral Arterial Surgeries-Lower Limb

Package name	Procedure name	HBP 2.0 code
Peripheral Arterial Surgeries	Axillo - femoral bypass - B/L	SV019Q
Peripheral Arterial Surgeries	Axillo - femoral bypass - U/L	SV019P
Peripheral Arterial Surgeries	Femoral - popliteal Bypass	SV019K
Peripheral Arterial Surgeries	Femoral aneurysm repair	SV019I
Peripheral Arterial Surgeries	Femoro - Femoral Bypass	SV019A
Peripheral Arterial Surgeries	Popliteal aneurysm repair	SV019J

Mandatory document	Peripheral Arterial Surgeries- Lower Limb
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Angiogram / CT Angiogram / Doppler ultrasound /MRI reports investigations confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice/barcode of graft used (if artificial graft used)	Yes
d. Discharge Summary	Yes

23. Peripheral Arterial Surgeries –Neck

Package name	Procedure name	HBP 2.0 code
Peripheral Arterial Surgeries	Aorto - carotid bypass	SV019R
Peripheral Arterial Surgeries	Carotid - endarterectomy	SV019B
Peripheral Arterial Surgeries	Carotid aneurysm repair	SV019E
Peripheral Arterial Surgeries	Carotid Body Tumor Excision	SV019C
Peripheral Arterial Surgeries	Carotido - subclavian bypass	SV019N
Peripheral Arterial Surgeries	Carotico - carotid Bypass	SV019M

Mandatory document	Peripheral Arterial Surgeries - Neck
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings,	Yes

indication for procedure, planned line of management and advice for admission	
b. Angiogram / CT Angiogram / Doppler ultrasound /Magnetic resonance angiography (MRA) reports investigations confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice/barcode of graft used (if artificial graft used)	Yes
d. Discharge Summary	Yes

24. Peripheral Arterial Surgeries Upper limb

Package name	Procedure name	HBP 2.0 code
Peripheral Arterial Surgeries	Thoracic Outlet syndrome Repair	SV019D
Peripheral Arterial Surgeries	Subclavian aneurysm repair	SV019F
Peripheral Arterial Surgeries	Axillary aneurysm repair	SV019G
Peripheral Arterial Surgeries	Brachial aneurysm repair	SV019H
Peripheral Arterial Surgeries	Axillo - Brachial Bypass	SV019L
Peripheral Arterial Surgeries	Carotido - axillary bypass	SV019O
Peripheral Arterial Surgeries	Aorto - subclavian bypass	SV019S

Mandatory document	Peripheral Arterial Surgeries Upper Limb
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. Angiogram / CT Angiogram / MRI reports investigations confirming the diagnosis	Yes
ii. At the time of claim submission	

a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	Yes
c. Invoice/barcode of graft used (if artificial graft used)	Yes
d. Discharge Summary	Yes

25. Pilonidal Sinus

Package name	Package name	HBP 2.0 code
Management of Pilonidal Sinus	Management of Pilonidal Sinus	SG033A

Mandatory document	Management of Pilonidal Sinus
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure and planned line of management	Yes
Clinical Photograph (optional)	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-operative photographs (optional)	Yes
Histopathological examination report for chronic cases	Yes
Detailed discharge summary	Yes

26. Portal Hypertension

Package name	Package name	HBP 2.0 code
Portocaval Anastomosis	Portocaval Anastomosis	SG046A
Mesenteric Caval Anastomosis	Mesenteric Caval Anastomosis	SG047A

Mandatory document	Portocaval Anastomosis/ Mesenteric Caval Anastomosis
i. At the time of Pre-authorization	
Clinical notes including evaluation findings,	Yes

indication of procedure and planned line of management	
Complete blood count	Yes
Liver function tests	Yes
Oesophagogastroduodenoscopy	Yes
Splenoportovenography (optional)	Yes
USG/CT Abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

27. Rectal prolapse

Package name	Procedure name	HBP 2.0 code
Perineal Procedure for Rectal Prolapse	Perineal Procedure for Rectal Prolapse	SG026A
Abdominal Procedure for Rectal Prolapse	Open	SG027A
Abdominal Procedure for Rectal Prolapse	Lap.	SG027B

Mandatory document	Perineal Procedure for Rectal Prolapse/Abdominal Procedure for Rectal Prolapse
i. At the time of Pre-authorization	
Clinical notes including evaluation findings especially per rectal examination, indication for procedure, and planned line of management	Yes
Photograph demonstrating prolapse (optional)	Yes
Optional	Yes

Digital rectal examination (DRE) / sigmoidoscopy / fluoroscopic defecography / MRI / CT / USG abdomen/ Barium enema / Colonoscopy	
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Post-operative photograph (optional)	Yes
Detailed discharge summary	Yes

28. Vascular Anomalies

Package name	Procedure name	HBP 2.0 code
Hemangioma	Sclerotherapy under GA	SP007A
Hemangioma	Debulking	SP007B
Hemangioma	Excision	SP007C

Mandatory document	He man gio ma
i. At the time of Pre-authorization	
Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Clinical photograph	Yes
Complete blood count	Yes
Coagulation profile	Yes
USG affected part	Yes
Doppler study	Yes
Optional Electrocardiogram (ECG) Blood sugar estimation for patients on Propranolol MRI affected part CT angiogram affected bone Digital Subtraction Angiography (for patients planned for embolotherapy)	Yes
Indication of sclerosing agent requirement (if applicable)	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 (optional)	Yes
Sclerosing agent details (if applicable)	Yes
Histopathological examination (optional)	Yes
Detailed discharge summary	Yes

29. Vasovasostomy

Package name	Procedure name	HBP 2.0 code
Vasovasostomy	Vasovasostomy	SG058A

Mandatory document	Vasovasostomy
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
Pre-operative scrotal examination	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

Mandatory document	Operative Management of Volvulus of Large Bowel/Sigmoid resection
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of management	Yes
X-ray erect Abdomen or Barium Enema or CT abdomen	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes

Intra-operative photograph (optional)	Yes
Post-operative X-ray Abdomen	Yes
Detailed discharge summary	Yes

30. Volvulus of Large Intestine

Package name	Procedure name	HBP 2.0 code
Operative Management of Volvulus of Large Bowel	Operative Management of Volvulus of Large Bowel	SG022A
Sigmoid Resection	Sigmoid Resection	SG025A

Yours faithfully,

DR. BIJOY E, JD(MED) SHA, O/o Med SHA

Joint Director