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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 30 health benefit packages under AB PM-JAY KASP in TMS.NHA has decided to launch the first 10 STGs and make live in the PM-JAY KASP IT system by 15th August 2020.The mandatory documents for claim adjudication are as follows.

### **Standard Treatment Guidelines (STGs) –Mandatory Documents**

#### **1. Haemodialysis - per session**

##### **a. At the time of Preauthorisation**

- i. Clinical notes – Patient details with Diagnosis
- ii. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, GFR, serum electrolytes). In chronic renal failure/ chronic dialysis patients, investigations need to be done and submitted only once. These investigations to be repeated monthly. Quarterly - Serum Iron, ferritin, TIBC, TSAT, SGOT, SGPT, viral markers, calcium, phosphate.
- iii. Planned line of treatment

##### **b. At the time of claim submission**

- i. Clinical Notes/ ICPs – If done for AKI patients
- ii. Detail discharge Summary & dialysis chart (Only dialysis chart in chronic dialysis patients)
- iii. All investigation reports

## **2. AKI (Acute Kidney Injury) / Renal failure**

### **a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, GFR, serum electrolytes). In chronic renal failure/ chronic dialysis patients, investigations need to be done and submitted only once. These investigations to be repeated monthly. Quarterly - Serum Iron, ferritin, TIBC, TSAT, SGOT, SGPT, viral markers, calcium, phosphate.
- iii. Planned line of treatment

### **b. At the time of claim submission**

- i. Clinical Notes/ ICPs
- ii. Detail discharge Summary
- iii. All investigation reports

## **3. AV fistula for dialysis**

### **a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Pathological Examination (Complete Blood count, Blood urea, Serum Creatinine, GFR, serum electrolytes). In chronic renal failure/ chronic dialysis patients, investigations need to be done and submitted only once. These investigations to be repeated monthly. Quarterly - Serum Iron, ferritin, TIBC, TSAT, SGOT, SGPT, viral markers, calcium, phosphate.
- iii. Planned line of treatment

### **b. At the time of claim submission**

- i. Clinical Notes/ ICP
- ii. Detail discharge Summary

## **4. PTCA, inclusive of diagnostic angiogram - MC011A**

### **a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. 2D ECHO
  3. Coronary Angiography report
  4. Cardiac enzymes [Troponins T/ I (if not available then CPK-MB)]
  5. Routine Biochemistry (Haemogram, urea, creatinine, electrolytes, sugar, fasting lipids, Liver function test, Urinalysis)

### **b. At the time of claim submission**

- i. ICP
- ii. Procedure/ Operation notes – post procedure flow to be mentioned
- iii. Detailed discharge summary
- iv. Barcode of the stent(s) used

**5. Systemic Thrombolysis (for MI) - MC020A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. 2D ECHO
  3. Cardiac enzymes [Troponins T/ I (if not available then CPK-MB)]
  4. Routine Biochemistry (Haemogram, urea, creatinine, electrolytes, sugar, fasting lipids, Liver function test, Urinalysis)

**b. At the time of claim submission**

- i. ICP with Clinical notes of Thrombolysis
- ii. Detailed discharge summary
- iii. Invoice of thrombolytic agent used

**6. Coronary artery bypass grafting (CABG) - SV004A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. Chest X-ray
  3. 2D ECHO
  4. Coronary Angiography report
  5. Cardiac enzymes [Troponins T/ I (if not available then CPK-MB)]
  6. Routine Biochemistry (Haemogram, urea, creatinine, electrolytes, sugar, fasting lipids, Liver function test, Urinalysis)

**b. At the time of claim submission**

- i. ICP
- ii. Procedure/ Operation notes
- iii. Detailed discharge summary

**7. Low Cardiac Output syndrome requiring IABP insertion post operatively - SV032A**

**a. At the time of Preauthorisation**

- i. Clinical notes
- ii. Investigation reports
  1. Electrocardiogram
  2. Chest X-ray
  3. 2D ECHO

**b. At the time of claim submission**

- i. ICP - showing poor hemodynamics and high usage of inotropic agents
- ii. Procedure/ Operation notes
- iii. Detailed discharge summary
- iv. Barcode of IABP used