



സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി
കരുതലിന്റെ കൈത്താണ്ട്

DR. RATHAN KELKAR IAS
EXECUTIVE DIRECTOR
STATE HEALTH AGENCY (SHA)
Health & Family Welfare Department
Government of Kerala

No.69/2020/HNQA/SHA

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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 health benefit packages under AB PM-JAY KASP in TMS.NHA has decided to launch the 4th set of 55 STGs and make live in the PM-JAY KASP IT system by 11th September 2020. The following are the 55 STG's under specialities

STG Procedures – Mandatory Documents

1. Management of Acute encephalitis syndrome/ Acute encephalitis

- Acute encephalitis syndrome - MP004A
- Infectious- uncomplicated - MP003A
- Immune-mediated - uncomplicated - MP003B

Mandatory document	Acute encephalitis syndrome/ Acute encephalitis
i. At the time of Pre-authorization	
Clinical notes with indications	Yes
Chest X Ray	Yes

Planned line of treatment	Yes
ii. At the time of claim submission	
Indoor case papers	Yes
CSF examination	Yes
CT Brain	Yes
Discharge Summary	Yes

2. Acute severe malnutrition - MP031A

Mandatory documents
I. At the time of Pre-authorization
a. Still image of the child at the time of admission with patient ID and date
b. Clinical notes with indications such as: <ul style="list-style-type: none"> i. Faulty feeding habits (Not exclusively Breast fed for 6 months/ bottle feeding/ delayed or inadequate complementary feeding) ii. Poor appetite iii. Lethargy/ Irritability iv. Any delayed developmental milestones including Weight v. Vitals- Pulse rate (PR), respiratory rate (RR), Capillary refill time (CRT) vi. Loss of Subcutaneous fat, muscle wasting, pallor, mid-upper arm circumference (MUAC) less than normal vii. Signs of Vitamin B, K and A deficiencies (if any of these symptoms are present) viii. Dehydration ix. Respiratory distress
c. Essential Investigations such as: <ul style="list-style-type: none"> I. Haemogram II. Random Blood sugar (RBS) III. LFT IV. KFT V. Chest X-ray VI. RDT-HIV (only where available/ possible) VII. Gastric aspirate for CBNAAT/ AFB (only where available/ possible) VIII. Peripheral smear examination
d. Planned line of management
II. At the time of claim submission
a. Still image of the child at the time of discharge with patient ID and date



b. Detailed indoor case papers with treatment details indicating <ul style="list-style-type: none"> i. Monitoring of vitals with Input-output charting as well as urine frequency, stool/ vomitus volumes ii. Intake: IV fluids (IVF) (DNS) 4ml/ Kg/hr for 2-3 days with early/ concomitant initiation of oral feeds (130 ml/kg/day) iii. Condition/ complication specific treatment such as Antibiotics for Infection, Dextrose for Hypoglycemia/ severe dehydration, Potassium/ Magnesium for electrolyte imbalance, Whole blood/ PRBC transfusion for Anemia.
c. Detailed essential investigation reports <ul style="list-style-type: none"> i. Haemogram ii. Random Blood sugar (RBS) iii. LFT iv. KFT v. Chest X-ray vi. RDT-HIV (only where available/ possible) vii. Gastric aspirate for CBNAAT/ AFB (only where available/ possible) viii. Peripheral smear examination
d. Detailed Discharge summary with follow-up advise including: <ul style="list-style-type: none"> i. Transfer to Nutritional Rehabilitation Centre (NRC) ii. Feeding, electrolytes (Zinc, Copper & Iron), vitamins (A & D, A, B complex) & supplementation advice

3. Ankyloglossia

Ankyloglossia Minor - SS002A

Ankyloglossia Major - SS002B

Mandatory document	Ankyloglossia
i. At the time of Pre-authorization	
Clinical notes with indications	Yes
Grading of ankyloglossia	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes
Pre & Post-operative photograph	Yes
Documentary evidence of failed/ non-indicated conservative management of ankyloglossia in patient aged ≥ 2 years	Yes

4. Ano Rectal Malformation

Ano Rectal Malformation-Abd- Perineal PSARP - SS010A

- Ano Rectal Malformation- Anoplasty - SS010B
- Ano Rectal Malformation-Cutback - SS010C
- Ano Rectal Malformation-PSARP - SS010D
- Ano Rectal Malformation- Redo pull through - SS010E
- Ano Rectal Malformation- Transposition - SS010F

Mandatory document	Ano Rectal Malformation
i. At the time of Pre-authorization	
Clinical notes indicating whether other associated congenital disorders like those of spine, anus, heart, trachea, esophagus, kidneys, or limbs, etc. are present/not	Yes
Clinical Photograph	Yes
Distal Cologram/ Barium enema (if available)	Yes
USG Abdomen	Yes
Xray Lumbosacral spine (inverted position)	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes
Post procedure clinical photograph	Yes
Pre-anesthesia check-up report	Yes

5. Atrial Fibrillation - MG036A

Mandatory document	Atrial fibrillation
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Blood test	Yes
i. Coagulation profile (PT, INR)	
ii. Sr. electrolytes	Yes

