



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

18.09.2020

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 \geq 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



c. ECG it shows irregular rhythm and abnormal heart rate	Yes
d. X- ray Chest	Yes
ii. At the time of claim submission	
a. Post treatment ECG	Yes
b. Discharge Summary	Yes
c. Detailed Indoor Case Papers (ICPs), Treatment details	Yes
d. All investigations reports	Yes

6. Atrial Septal Defect

ASD Device Closure ASD Device Closure - MC007A

Surgical Correction of Category - I Congenital Heart Disease - Isolated Secundum Atrial Septal Defect (ASD) Repair - SV001B

Surgical Correction of Category - II Congenital Heart Disease- ASD closure + Partial Anomalous Venous Drainage Repair - SV002A

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Mitral Procedure- SV002B

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Tricuspid Procedure -SV002C

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Pulmonary Procedure SV002D

Surgical Correction of Category - II Congenital Heart Disease - ASD Closure + Infundibular Procedure- SV002E

Mandatory document	ASD Device Closure	Isolated Secundum Atrial Septal Defect (ASD) Repair	ASD Closure + Partial Anomalous Venous Drainage Repair	ASD Closure + Mitral Procedure	ASD Closure + Tricuspid Procedure	ASD Closure + Pulmonary Procedure	ASD Closure + Infundibular Repair

i. At the time of Pre-authorization							
Clinical Notes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Echo/Doppler report	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission							
Procedure / Operative notes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Post procedure stills of ECHO with Report	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Detailed Discharge Summary	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Invoice/ barcode of blade / device used	Yes	No	Yes	Yes	Yes	Yes	Yes

7. Behavioural syndromes associated with physiological disturbances and physical factors - MM006A



Mandatory document	Behavioral syndromes associated with physiological disturbances and physical factors
i. At the time of Pre-authorization	
a. Clinical notes with detailed history and chronicity	Yes
b. Admission document signed by empanelled psychiatrist	Yes
ii. At the time of claim submission	
a. Detailed treatment notes	Yes
b. Detailed Discharge Summary	Yes

8. Chalazion Removal - SE007A

Mandatory document	Chalazion Removal
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Admission Notes	Yes
c. Clinical Photograph	Yes
ii. At the time of claim submission	
a. Operative/ procedure notes	Yes
b. Detailed Discharge summary	Yes
c. Histopathology report	Yes
d. Intraoperative photograph with time and date stamp	Yes

9. Chemical Burns

Chemical burns: Without significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM005A

Chemical burns: With significant facial scarring and/or loss of function; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings Alone - BM005B

Documents	
At the time of Preauthorization	Chemical Burns

Clinical notes mentioning the circumstances that led to Chemical Burn	Yes
MLC copy with number	Yes
Clinical Photograph	Yes
Document showing % of burn through rule of 9	Yes
At the time of Claims	
Post treatment clinical photograph	Yes
Blood test (CBC, Sr. creatinine, Platelet etc.)	Yes
X ray	Yes
Detailed Discharge Summary	Yes
Detailed procedure / operative notes	Yes

10. Cleft Lip and Cleft Palate Surgery (Per stage) - SS001A

Mandatory document	Cleft Lip and Cleft Palate Surgery (Per Stage)
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Photography	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed operative notes	Yes
Post procedure clinical photograph	Yes
Pre-anesthesia check-up report	Yes
Discharge summary	Yes

11. Coarctation of Aorta

Balloon Dilatation - Coarctation of Aorta- MC003A

Surgical Correction of Category -I Congenital Heart Disease -Coarctation repair- SV001G

Mandatory document	Coarctation of aorta	Coarctation repair
i. At the time of Pre-authorization		
a. Clinical notes	Yes	Yes
b. Echo/Doppler report and Stills	Yes	Yes
ii. At the time of claim submission		
a. Procedure/ Operation notes	Yes	Yes
b. Post Procedure Echo/Angiogram with report	Yes	Yes
c. Detailed discharge summary	Yes	Yes
d. Barcode of the balloon/implant, If used	Yes	Yes

12. Severe Sepsis

Severe Sepsis – MG002A

Septic Shock - MG002B

Mandatory document	Severe Sepsis	Septic Shock
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
Complete Blood count Urine Routine	Yes	Yes
Planned line of management	Yes	Yes
ii. At the time of claim submission		
Indoor case papers	Yes	Yes
Culture reports- Blood & Urine	Yes	Yes
Biochemistry- Renal Function Test & Liver Function Test reports	Yes	Yes
Discharge summary	Yes	Yes

13. Sinus Surgery

Functional Endoscopic Sinus (FESS) - SL013A

Open sinus surgery - SL012A

Mandatory document	Functional Endoscopic Sinus Surgery (FESS)	Open sinus surgery
The procedure if performed for Complicated sinusitis, may be done on an emergency basis. In		
all such cases, pre-authorization documents can be submitted within 24 hours of admission.		
i. At the time of Pre-authorization		
a. Clinical notes (detailing signs, symptoms, chronicity of sinusitis, examination findings, indications for doing the procedure& advise for admission)	Yes	Yes
b. CT (PNS) report	Yes	Yes
ii. At the time of claim submission		
a. Detailed Discharge summary	Yes	Yes
b. Indoor case papers	Yes	Yes
c. Procedure note/ operative note	Yes	Yes
d. Intra procedure Still images of the affected part with time and date (optional)	Yes	No
e. Histopathology report	Yes	Yes

14. Stapedectomy/ Tympanotomy

Stapedectomy - SL003A

Tympanotomy - SL003B

Mandatory document	Stapedectomy	Tympanotomy
i. At the time of Pre-authorization		
a. Clinical notes (detailing signs, symptoms, ear examination findings, indications for doing the procedure& advise for admission)	Yes	Yes
b. Audiometry report confirming conductive deafness and Tympanometry	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. Intra-operative photograph with time and date (optional)	Yes	Yes
e. Invoice of the ossicular prosthesis/ piston used, if any	Yes	Yes

15. Surgery for Hirschsprung's Disease

Myectomy - SS008A

Pull Through - SS008B

Rectal Biopsy - Punch - SS008C

Rectal Biopsy –Open - SS008D

Sphincterotomy - SS008E

Mandatory document	Surgery for Hirschsprung's Disease
i. At the time of Pre-authorisation	
Clinical notes	Yes
X Ray abdomen / USG Abdomen / Dye test / sigmoidoscopy / colonoscopy	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Pre-anesthesia check-up report	Yes
Detailed discharge summary	Yes
Histopathology examination report (within 7 days of discharge)	Yes

16. Systemic - Pulmonary Artery shunt

Surgical Correction of Category - I Congenital Heart Disease - Systemic - Pulmonary Artery Shunt - SV001E



Mandatory document	Systemic - Pulmonary Artery shunt
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes

17. Total Anomalous Pulmonary Venous Connection (TAPVC) Repair

Surgical Correction of Category-III Congenital Heart Disease - Total Anomalous Pulmonary Venous Connection (TAPVC) Repair - SV003S

Mandatory document	TAPVC repair
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Post procedure ECHO with reports	Yes
c. Detailed Discharge Summary	Yes

18. Thermal Burns

19. Scald Burns

20. Flame Burns

Thermal Burns -% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing - BM001A

Thermal Burns -% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM001B



Thermal Burns -% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM001C

Thermal Burns -% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM001D

Scald Burns- % Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing –with conventional silver sulphadiazine dressing - BM002A

Scald Burns- % Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM002B

Scald Burns- % Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted (delayed), flap cover, follow-up dressings etc. as deemed necessary;Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM002C

Scald Burns- % Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM002D

Flame Burns -% Total Body Surface Area Burns (TBSA) - any % (not requiring admission). Needs at least 5-6 dressing - BM003A

Flame Burns -% Total Body Surface Area Burns (TBSA): Upto 40 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary;Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM003B

Flame Burns -% Total Body Surface Area Burns (TBSA): 40% - 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary;Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM003C

Flame Burns -% Total Body Surface Area Burns (TBSA): > 60 %; Includes % TBSA skin grafted, flap cover, follow-up dressings etc. as deemed necessary; Surgical procedures are required for deep burns that are not amenable to heal with dressings alone - BM003D

At the time of Preauthorization			
Documents	Thermal Burn	Scald burn	Flame Burn
Clinical notes	Yes	Yes	Yes
MLC copy with number	Yes	Yes	Yes

Clinical Photograph with due consent of patient	Yes	Yes	Yes
Document showing % of burn through rule of 9	Yes	Yes	Yes
At the time of Claims			
Post treatment clinical photograph	Yes	Yes	Yes
Blood test (CBC, Sr. creatinine, Platelet etc.)	Yes	Yes	Yes
X ray	Yes	Yes	Yes
Discharge Summary	Yes	Yes	Yes
Procedure/operative notes	Yes	Yes	Yes

21. Tympanoplasty - SL002A

Mandatory document	Tympanoplasty
i. At the time of Pre-authorization	
a. Clinical notes (detailing signs, symptoms, ear examination findings, indications for doing the procedure & advice for admission)	Yes
b. Audiogram report	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Indoor case papers	Yes
c. Procedure note/ operative note	Yes
d. Intra-operative photograph with time and date (optional)	Yes
e. Invoice of the ossicular prosthesis used, if any	Yes

22. Undescended Testis surgery

Bilateral - Palpable +Non-palpable - SS019A

Bilateral Palpable - SS019B

Bilateral Non – Palpable - SS019C

Unilateral – Palpable - SS019D

Re-exploration /Second Stage - SS019E

Mandatory document	Undescended testes
i. At the time of Pre-authorization	
Clinical notes	Yes
USG abdomen and pelvis	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

23. Unifocalization of Major Aortopulmonary Collateral Arteries (MAPCA)

Surgical Correction of Category - I Congenital Heart Disease - Unifocalization of MAPCA-SV001A

Mandatory document	Unifocalization of MAPCA
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
c. CT Angio/ Cardiac Catheterization report	Yes
ii. At the time of claim submission	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes



24. Vagotomy

G J Vagotomy - SG005A

Vagotomy + Pyloroplasty - SG005B

Mandatory document	Vagotomy
i. At the time of Pre-authorization	
Clinical notes	Yes
X ray / CT Scan	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Treatment detail	Yes
Intra operative photograph	Yes
Discharge summary	Yes
Histopathological report	Yes

25. Ventricular Septal Defect

VSD Device Closure - VSD Device - Closure - MC008A

Surgical Correction of Category - II Congenital Heart Disease - VSD Closure - SV002F

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Aortic Procedure -SV003M

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Mitral Procedure - SV003N

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Tricuspid procedure- SV003O

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure +pulmonary Procedure - SV003P

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Infundibular Repair - SV003Q

Surgical Correction of Category-III Congenital Heart Disease - VSD Closure + Coarctation Repair -



SV003R

Mandatory document	VSD Device Closure	Surgical Correction of VSD Closure	VSD Closure + Aortic Procedure	VSD Closure + Mitral Procedure	VSD Closure + Tricuspid Procedure	VSD Closure + Pulmonary Procedure	VSD Closure + Infundibular Repair	VSD Closure + Coarctation Repair
at the time of Pre-authorization								
Clinical notes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Echo/Doppler report	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
at the time of claim submission								
Procedure / Operative notes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Post procedure bills of iCHO with report	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Detailed discharge summary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Invoice/ barcode of blade / device used	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

26. Wilson's disease - MP037A

Mandatory document	Wilson's disease
i. At the time of Pre-authorization	
Clinical notes	Yes
Serum ceruloplasmin	Yes
24-hour urine copper	Yes
Slit lamp examination (Kayser-Fleischer ring)	Yes (if available)

Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Discharge Summary	Yes
Serum ceruloplasmin	Yes
24-hour urine copper	Yes

27. Congenital Diaphragmatic Hernia - SS013A

Mandatory document	Congenital Diaphragmatic Hernia
i. At the time of Pre-authorization	
Clinical notes	Yes
Chest X ray AP/ Lateral	Yes
USG/ CT scan stills/ report	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed operative notes	Yes
Detailed discharge summary	Yes
Fetal Cardiogram	Yes
Xray Chest AP/Lat stills/ report	Yes
Pre-anesthesia check-up report	Yes

28. Congenital lobar emphysema

Surgery for Congenital lobar emphysema - SS018A

Mandatory document	Congenital lobar emphysema
i. At the time of Pre-authorization	
Clinical notes	Yes

Posteroanterior chest X-ray	Yes
CT Chest	Yes
ii. At the time of claim submission	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Posteroanterior chest X-ray/ CT chest	Yes
Detailed discharge summary	Yes

29. Continuous Renal Replacement therapy (CRRT) - MP028A

Mandatory documents	CRR T
At the time of Pre-authorization	
Clinical notes detailing history	Yes
Notes showing evidence of unstable hemodynamic status	Yes
Investigations done –Serum creatinine	Yes
Indication for CRRT	Yes
Planned line of treatment	Yes
At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Any investigation done	Yes
Treatment details	Yes
Detailed Discharge summary	Yes

30. Management of Dengue

Dengue fever - Dengue fever - MG004A

Dengue hemorrhagic fever - MG004B

Dengue shock syndrome - MG004C



Mandatory document	Dengue fever	Dengue hemorrhagic fever	Dengue shock syndrome
i. At the time of Pre- authorization			
Clinical notes	Yes	Yes	Yes
Complete Blood Count (CBC)	Yes	Yes	Yes
NS1 Antigen	Yes	Yes	Yes
Peripheral blood film	Yes	Yes	Yes
Planned line of treatment	Yes	Yes	Yes
ii. At the time of claim submission			
Indoor case papers including monitoring of Vitals	Yes	Yes	Yes
Complete Blood Count (CBC)	Yes	Yes	Yes
All other investigation reports	Yes	Yes	Yes
Discharge Summary	Yes	Yes	Yes

31. Management of Diarrhoea

Chronic diarrhea - MG010A

Persistent diarrhea - MG010B

Dysentery - MG011A

Mandatory document	Chronic diarrhoea	Persistent diarrhoea	Dysentery
i. At the time of Pre- authorization			
Clinical notes with indications	Yes	Yes	Yes
Planned line of management	Yes	Yes	Yes
Chest X ray	NA	Yes	NA
Stool pH	NA	Yes	NA