



സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി  
കുരുമിളക് കൈതൊണ്ട്

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No.70/2020/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 5th set of 49 STGs and make live in the PM-JAY KASP IT system by 18<sup>th</sup> September 2020. The following are the 49 STG's under specialities

### **STG Procedures – Mandatory Documents**

#### **1. Aortic Valve**

**Single Valve procedure - SV005A**

**Immediate reoperation - SV0031B**

<b>Mandatory document</b>	<b>Aortic valve</b>	<b>Immediate Reoperation - Aortic Valve</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Clinical notes indicating need for reoperation	No	Yes
c. Echo/Doppler report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Procedure / Operative notes	Yes	Yes
b. Post procedure stills of ECHO with report	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes
d. Barcode of implant, if used	Yes	Yes

2. **Aortic Pulmonary (AP) Window Repair**

**Surgical Correction of Category - III Congenital Heart Disease - Aortic Pulmonary (AP) Window Repair - SV003E**

<b>Mandatory document</b>	<b>AP Window Repair</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes

3. **Arch interruption Repair**

**Surgical Correction of Category -III Congenital Heart Disease - Arch interruption Repair without VSD closure - SV003F**

**Surgical Correction of Category -III Congenital Heart Disease - Arch interruption Repair with VSD closure - SV003G**

<b>Mandatory document</b>	<b>Arch interruption Repair without VSD closure</b>	<b>Arch interruption Repair with VSD closure</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Echo/Doppler report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Indoor case papers	Yes	Yes
b. Procedure / Operative notes	Yes	Yes
c. Post procedure stills of ECHO with report	Yes	Yes
d. Detailed Discharge Summary	Yes	Yes
e. Barcode of implant, if used	Yes	Yes

4. **Arterial switch operation**

**Surgical Correction of Category - III Congenital Heart Disease – Arterial Switch operation (ASO) - SV003W**

<b>Mandatory document</b>	<b>Arterial switch operation</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	Yes
d. Detailed Discharge Summary	Yes

5. **Atrioventricular (AV) Canal Repair**

**Surgical Correction of Category-II Congenital Heart Disease - Partial AV Canal repair - SV002I**

**Surgical Correction of Category -II Congenital Heart Disease - Intermediate AV Canal repair - SV002J**

**Surgical Correction of Category -III Congenital Heart Disease - Complete AV canal repair - SV003V**

<b>Mandatory document</b>	<b>Partial AV Canal repair</b>	<b>Intermediate AV Canal repair</b>	<b>Complete AV Canal repair</b>
<b>i. At the time of Pre-authorization</b>			
a. Clinical notes	Yes	Yes	Yes
b. Echo/Doppler report	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>			
a. Procedure / Operative notes	Yes	Yes	Yes
b. Post procedure stills of ECHO with report	Yes	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes	Yes

**6. Balloon Aortic Valvotomy - MC004B**

<b>Mandatory document</b>	<b>Balloon Aortic Valvotomy</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with planned line of treatment	Yes
b. Detailed Echo report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes with indication of procedure	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice of balloon used	Yes

**7. Balloon Atrial Septostomy - MC006A**

<b>Mandatory document</b>	<b>Balloon Atrial Septostomy</b>
<b>i. At the time of Pre-authorization</b>	

a. Clinical notes with planned line of treatment	Yes
b. Echo report/ Doppler report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice of blade/balloon used	Yes

8. **Balloon Pulmonary Valvotomy - MC004A**

<b>Mandatory document</b>	<b>Balloon Pulmonary Valvotomy</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with planned line of treatment	Yes
b. Detailed Echo report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice of balloon used	Yes

9. **Bronchial artery Embolisation (for Haemoptysis) - MC018A**

<b>Mandatory document</b>	<b>Bronchial artery Embolisation (for Haemoptysis)</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with planned line of treatment	Yes
b. Chest X ray	Yes

c. HRCT Chest/ CTPA	Ye s
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Ye s
b. Check angiography of same bronchial artery after procedure	Ye s
c. Detailed Discharge Summary	Ye s

**10. Catheter Directed Thrombolysis (CDT)- Mesentric Thrombolysis-MC002B**

<b>Mandatory document</b>	<b>Catheter Directed Thrombolysis - Mesentric Thrombosis</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical Notes with planned line of treatment	Yes
b. Doppler Report/CT angiogram report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure/ Operation notes	Yes
b. Post procedure colour doppler/ CT Angiogram of affected vessel	Yes
c. Detailed discharge summary	Yes
d. Invoices of catheter used	Yes
e. Invoice of thrombolytic drug used	Yes

**11. Catheter Directed Thrombolysis (CDT)- Deep Vein Thrombosis (DVT) - MC002A**

<b>Mandatory document</b>	<b>Catheter Directed Thrombolysis-Deep Vein Thrombosis</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical Notes with planned line of treatment	Yes
b. Colour Doppler/ CT angio Report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure/ Operation notes	Yes
b. Post procedure Colour Doppler/ angio report of affected limb	Yes
c. Detailed discharge summary	Yes
d. Invoices of catheter used	Yes
e. Invoice of thrombolytic drug (tPA) used	Yes

**12. Catheter Directed Thrombolysis (CDT)- Peripheral Vessels (PV) -MC002C**

<b>Mandatory document</b>	<b>Catheter Directed Thrombolysis - Peripheral Vessels</b>

<b>i. At the time of Pre-authorisation</b>	
a. Clinical Notes with planned line of treatment	Yes
b. Doppler Report/ Angiogram report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure/ Operation notes	Yes
b. Post procedure colour doppler/Angio report of affected limb	Yes
c. Detailed discharge summary	Yes
d. Invoices of catheter used	Yes
e. Invoice of thrombolytic drug used	Yes

**13. Double outlet Right ventricle (DORV) Repair - SV003H**

<b>Mandatory document</b>	<b>DORV Repair</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	Yes
d. Detailed Discharge Summary	Yes

**14. Double switch operation**

**Surgical Correction of Category - III Congenital Heart Disease - SV003B**

<b>Mandatory document</b>	<b>Double switch operation</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes

<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	Yes
d. Detailed Discharge Summary	Yes
e. Barcode of implant, if used	Yes

15. **Double Valve Procedure**

**Double Valve Procedure – Double Valve Procedure - SV006A**

<b>Mandatory document</b>	<b>Double valve procedure</b>	<b>Immediate Reoperation-Double Valve procedure</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Clinical notes indicating need for reoperation	No	Yes
c. Echo/Doppler report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Procedure / Operative notes	Yes	Yes
b. Post procedure stills of ECHO with report	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes
d. Barcode of implant, if used	Yes	Yes

16. **Electrophysiological Study**

**Electrophysiological Study - Electrophysiological Study - MC012A**

**Electrophysiological Study - Electrophysiological Study with Radio Frequency Ablation - MC012B**

<b>Mandatory document</b>	<b>Electrophysiological Study</b>	<b>Electrophysiological Study with Radio Frequency</b>

		<b>Ablation</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. ECG with report of cardiologist	Yes	Yes
c. Echo/ colour doppler report with stills	Yes	Yes
d. Indication for procedure	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Procedure / Operative notes	Yes	Yes
b. EP study report	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes
d. Invoice/ Bar code of catheters	Yes	Yes

**17. Internal fixation of pelviacetabular fracture - ST006A**

<b>Mandatory document</b>	<b>Internal fixation of Pelviacetabular fracture</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical Notes detailing the injury and need for surgery	Yes
b. Medico legal case report/ FIR copy of accident if due to road traffic accidents (optional)	Optional
b. X-ray/ CT report of pelvis	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure/ Operation notes	Yes
c. Detailed discharge summary	Yes
d. Post-op clinical photograph of patient	Optional

**18. Internal fixation with Flap cover Surgery for wound in compound fracture - ST007A**



<b>Mandatory document</b>	<b>Internal fixation with Flap cover Surgery for wound in compound fracture</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical Notes detailing the injury and need for surgery	Yes
b. X-ray/ CT report of fractured limb	Yes
c. Pre op clinical photograph of injury	Optional
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure/ Operation notes	Yes
c. Detailed discharge summary	Yes
d. Post op clinical photograph showing implant for fixation and flap cover	Optional

19. Mitral Valve

SingleValve Procedure - Mitral Valve - SV005B

Immediate reoperation - Mitral Valve - SV0031C

<b>Mandatory document</b>	<b>Mitral valve</b>	<b>Immediate Reoperation - Mitral Valve</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Clinical notes indicating need for reoperation	No	Yes
c. Echo/Doppler report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Procedure / Operative notes	Yes	Yes
b. Post procedure stills of ECHO with report	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes
d. Barcode of implant, if used	Yes	Yes

20. **Norwood Procedure/Glenn Procedure/ Fontan Procedure**

Surgical Correction of Category - III Congenital Heart Disease - Norwood Procedure- SV003K

Surgical Correction of Category - I Congenital Heart Disease - Glenn procedure - SV001C

Surgical Correction of Category –III Congenital Heart Disease - Fontan Procedure- SV003D

<b>Mandatory document</b>	<b>Norwood Procedur e</b>	<b>Glenn Procedur e</b>	<b>Fontan Procedur e</b>
<b>i. At the time of Pre-authorization</b>			
a. Clinical notes	Yes	Yes	Yes
b. Echo/Doppler report	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>			
a. Indoor case papers	Yes	Yes	Yes
b. Procedure / Operative notes	Yes	Yes	Yes
c. Post procedure stills of ECHO with report	Yes	Yes	Yes
d. Detailed Discharge Summary	Yes	Yes	Yes

21. **PDA Stenting - MC010A**

<b>Mandatory document</b>	<b>PDA Stenting</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Echo report or Angiography Report	Yes
<b>ii. At the time of claim submission</b>	
Procedure / Operative notes	Yes
Per-procedure or Post procedure stills of angio or ECHO showing stent in place, with report	Yes
Detailed Discharge Summary	Yes
Invoice of stent used	Yes
Barcode of stent used	Yes

**22. Percutaneous Transluminal Septal Myocardial Ablation (PTSMA) - MC013A**

<b>Mandatory document</b>	<b>Percutaneous Transluminal Septal Myocardial Ablation</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. ECG with report of cardiologist	Yes
c. Echo/ color Doppler report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure echo/colour Doppler report and angio stills	Yes
c. Detailed Discharge Summary	Yes

**23. Pericardial window (via thoracotomy) - SV011A**

<b>Mandatory document</b>	<b>Pericardial window (via thoracotomy)</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of ECHO with report	Yes
c. Detailed Discharge Summary	Yes

24. **Pericardiocentesis - MC019A**

Mandatory document	Pericardiocentesis
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/ color Doppler report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure echo/colour Doppler report	Yes
c. Detailed Discharge Summary	Yes
d. Analysis of fluid removed	Yes

25. **Peripheral Angioplasty - MC017A**

Mandatory document	Peripheral Angioplasty
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Doppler ultrasound/ Digital subtraction angiography/ Computed tomography angiography/ magnetic resonance angiography report with stills	Yes
c. Angiogram Report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Post procedure stills of Angio with report	Yes
c. Detailed Discharge Summary	Yes
d. Invoice/ Barcode of stent used	Yes

26. **Peripheral arterial injury repair (without bypass) - SV021A**

Mandatory document	Peripheral arterial injury repair (without bypass)



<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Duplex USG report	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure / Operative notes	Yes
b. Detailed Discharge Summary	Yes

**27. Permanent Pacemaker Implantation**

**Single Chamber Permanent Pacemaker Implantation - Permanent Pacemaker Implantation - Single Chamber - MC015A**

**Double Chamber Permanent Pacemaker Implantation - Permanent Pacemaker Implantation - Double Chamber - MC016A**

<b>Mandatory document</b>	<b>Permanent Pacemaker - single chamber</b>	<b>Permanent Pacemaker - double chamber</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes with indication for implantation	Yes	Yes
b. ECG with report of cardiologist	Yes	Yes
c. Angiogram report, if done	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Procedure / Operative notes	Yes	Yes
b. X Ray showing pacemaker in situ	Yes	Yes
c. Detailed Discharge Summary	Yes	Yes
d. Invoice/barcode of designated pacemaker	Yes	Yes

**28. Pulmonary Stenosis Repair**

**Surgical Correction of Category - II Congenital Heart Disease - Infundibular Pulmonary stenosis (PS) repair - SV002G**

**Surgical Correction of Category - II Congenital Heart Disease - Valvular PS repair - SV002H**

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

29. **Pulmonary Artery Stenosis (PAS) - MC003B**

<b>Mandatory document</b>	<b>Pulmonary Artery Stenosis</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo-Doppler report and Stills	Yes
c. Angiogram Report and Stills	Yes
<b>ii. At the time of claim submission</b>	
a. Procedure/ Operation notes	Yes
b. Post Procedure Echo/Angiogram with reports and stills	Yes
c. Detailed discharge summary	Yes
d. Barcode of the balloon, If used	Yes

30. **Pulmonary Embolectomy - SV018A**

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

31. **Rastelli Procedure**

Surgical Correction of Category - III Congenital Heart Disease Rastelli Procedure - Rastelli Procedure - SV003C

Mandatory document	Rastelli Procedure
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	Yes
d. Detailed Discharge Summary	Yes

32. **Right/ Left Heart Catheterization**

Right Heart Catheterization - MC001A

Left Heart Catheterization - MC001B

Mandatory document	Right Heart Catheterization	Left Heart Catheterization
<b>i. At the time of Pre-authorization</b>		

a. Clinical Notes with planned line of treatment and indication for procedure	Yes	Yes
b. ECG	Yes	Yes
c. Echo report with stills	Yes	No
<b>ii. At the time of claim submission</b>		
a. Procedure/ Operation notes	Yes	Yes
b. Detailed discharge summary	Yes	Yes
c. Invoices of catheter and other accessories used	Yes	Yes

33. **Ross Procedure/ Konno Procedure**

**Ross Procedure - Ross Procedure - SV009A**

**Surgical Correction of Category - III Congenital Heart Disease - Konno Procedure - SV003J**

<b>Mandatory document</b>	<b>Ross procedur e</b>	<b>Konno Procedur e</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Ye s	Ye s
b. Echo/ color Doppler report with stills	Ye s	Ye s
<b>ii. At the time of claim submission</b>		
a. Indoor case papers	Ye s	Ye s
b. Procedure / Operative notes	Ye s	Ye s
c. Post procedure echo/colour Doppler report	Ye s	Ye s
d. Detailed Discharge Summary	Ye s	Ye s

34. **Senning Operation/ Mustard Operation**

**Surgical Correction of Category - III Congenital Heart Disease - Senning Operation - SV003X**

**Surgical Correction of Category - III Congenital Heart Disease - Mustard Operation - SV003Y**

<b>Mandatory document</b>	<b>Senning Operation</b>	<b>Mustard Operation</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Echo/Doppler report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Indoor case papers	Yes	Yes
b. Procedure / Operative notes	Yes	Yes
c. Post procedure stills of ECHO with report	Yes	Yes
d. Detailed Discharge Summary	Yes	Yes
e. Barcode of implant, if used	Yes	Yes

**35. Sinus of Valsalva aneurysm repair**

**Surgical Correction of Category - II Congenital Heart Disease - Sinus of Valsalva aneurysm repair with aortic valve Procedure - SV002M**

**Surgical Correction of Category - II Congenital Heart Disease - Sinus of Valsalva aneurysm repair without aortic valve procedure - SV002N**

<b>Mandatory document</b>	<b>Sinus of Valsalva aneurysm repair with aortic valve procedure</b>	<b>Sinus of Valsalva aneurysm repair without aortic valve procedure</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Echo/Doppler report	Yes	Yes
c. Cardiac CT/MRI report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Indoor case papers	Yes	Yes
b. Procedure / Operative notes	Yes	Yes
c. Post procedure stills of ECHO with report	Yes	Yes

d. Detailed Discharge Summary	Yes	Yes
e. Barcode of implant, if used	Yes	Yes

**36. Sub-aortic membrane resection**

**Surgical Correction of Category - II Congenital Heart Disease - Sub-aortic membrane Resection - SV002O**

Mandatory document	Sub-aortic membrane resection
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	Yes
d. Detailed Discharge Summary	Yes

**37. Supravalvular Aortic Stenosis (AS) repair**

**Surgical Correction of Category - III Congenital Heart Disease - Supravalvular AS repair - SV003I**

Mandatory document	Supravalvular AS repair
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Echo/Doppler report	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure stills of ECHO with report	Yes
d. Detailed Discharge Summary	Yes

**38. Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) -**

**SV010A**

<b>Mandatory document</b>	<b>Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM)</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. ECG with report of cardiologist	Yes
c. Echo/ color Doppler report with stills	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes	Yes
c. Post procedure echo/colour Doppler report	Yes
d. Detailed Discharge Summary	Yes

**39. Temporary Pacemaker Implantation**

<b>Mandatory document</b>	<b>Temporary Pacemaker implantation</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. ECG with report of cardiologist	Yes
<b>ii. At the time of claim submission</b>	
a. Indoor case papers	Yes
b. Procedure / Operative notes with indication	Yes
c. ECG paced rhythm strip/ still frame of lead in situ	Yes
d. Detailed Discharge Summary	Yes

e. Invoice & barcode of designated pacemaker pacing lead	Yes s
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**40. Tetralogy of Fallot Repair**

**Surgical Correction of Category - III Congenital Heart Disease - SV003U**

**Immediate reoperation (within 5 days) - Tetralogy of Fallot Repair - SV031A**

<b>Mandatory document</b>	<b>Tetralogy of Fallot Repair</b>	<b>Immediate reoperation-Tetralogy of Fallot Repair</b>
<b>i. At the time of Pre-authorization</b>		
a. Clinical notes	Yes	Yes
b. Echo/Doppler report	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Indoor case papers	Yes	Yes
b. Procedure / Operative notes	Yes	Yes
c. Post procedure stills of ECHO with report	Yes	Yes
d. Detailed Discharge Summary	Yes	Yes
e. Detailed Operative notes indicating need for Reoperation	No	Yes

**41. Thoracic Outlet syndrome Repair**

**Peripheral Arterial Surgeries –Thoracic Outlet syndrome**

**Repair - SV019D**

<b>Mandatory document</b>	<b>Thoracic Outlet syndrome Repair</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Doppler/Angio/ CT Angio/ MRI report	Yes
<b>ii. At the time of claim submission</b>	