സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി
കരുതലിന്റെ കൈത്താങ്ങ്

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

No. 68/2020/HNQA/SHA **03.09.2020**

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 30 health benefit packages under AB PM-JAY KASP in TMS.NHA has decided to launch the Third set of 10 STGs and make live in the PM-JAY KASP IT system by 04th September 2020. The following are the 10 STG's under specialities

3rd Set of 10 STGs scheduled for release on 04.09.2020

S No	Speciality	Name of STG
1	General medicine/ Pediatric medical management	Glomerulonephritis
2	General Medicine	Status asthmaticus & Acute asthmatic attack
3	OBS & GYN	D&C (Dilatation & curettage)
4	OBS & GYN	Polypectomy & Myomectomy
5	Urology	Emergency management of Ureteric Stones

8	General Surgery/ Pediatric Surgery	Appendicectomy, Appendicular perforation, Appendicular abscess
9	OBS & GYN	High Risk Delivery
10	OBS & GYN	Caesarean Delivery

STG Procedures – Mandatory Documents

The mandatory documents for claim adjudication are as follows.

1. **Appendicectomy/Appendicular Perforation/Appendicular Abscess**

Appendicectomy - SG017A

Appendicectomy - SG017B

Appendicular Perforation - SG018A

Operative drainage of Appendicular Abscess - SG019A

Mandatory Documents	Appendicectomy (Open/ Lap)	Appendicular Perforation	Operative drainage of Appendicular Abscess
At the time of Preauthorization			
Clinical notes	Yes	Yes	Yes
USG Abdomen (optional)	Yes	Yes	Yes
At the time of Claims submission			
Indoor case papers	Yes	Yes	Yes
Histopathology examination	Yes	Yes	NA
Intra operative clinical photograph/stills of appendix	Yes	Yes	NA
Post procedure clinical photograph	Yes	Yes	Yes
Detailed Operative notes	Yes	Yes	Yes
Pre-anesthesia check-up report	Yes	Yes	Yes
Discharge summary	Yes	Yes	Yes

2. **Caesarean Delivery - SO057A**

Mandatory document	Elective (Caesarean Delivery)	Emergency (Caesarean Delivery)
i. At the time of Pre-authorization		
Detailed Admission notes	Yes	Yes

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5	Urology	Emergency management of Ureteric Stones
6	General medicine/ Pediatric medical management/ Neurosurgery	Epilepsy/ Seizures
7	General Surgery/ Pediatric Surgery	Hydrocele

Mandatory document	Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines)
i. At the time of Pre-authorisation	
Clinical notes with indication	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Clinical Notes	Yes
Detail discharge Summary	Yes
Urine analysis including microscopy	Yes
Atleast 2 X-ray KUB / USG (KUB)	Yes
Evidence of 3 weeks medicines	Yes

5. **Epilepsy/ Seizures**

Seizures - MG046A

Status epilepticus - MG047A

Febrile seizures - MP001A

Flury of seizures - MP001B

Neurocysticercosis - MP001C

Epilepsy - MP001D

Ketogenic diet initiation in refractory epilepsy - MP046A

Epilepsy Surgery - SN012A

Mandatory document	Seizures	Status epilepticus	Febrile seizures / other seizures	Ketogenic diet initiation in refractory epilepsy	Epilepsy Surgery

Detailed antenatal record / Reason for non-availability of the antenatal record	Yes	Yes
USG abdomen (Recent/ last USG report available)	Yes	Yes
Labour charting/ Partograph	No	Yes
Indication of the procedure	Yes	Yes
ii. At the time of claim submission		
Detailed Operative notes	Yes	Yes
Detailed Discharge Summary	Yes	Yes
Labour charting	No	Yes
Detailed status of the new born child	Yes	Yes

3. **Dilatation and Curettage (D&C) - SO018A**

Mandatory document
i. At the time of Pre-authorization
This could be an Emergency life-saving procedure and in such cases all the pre-auth documents to be submitted after the procedure has been initiated.
a. Clinical notes justifying the indication & need for procedure
b. Relevant Examination to establish medical fitness to undergo procedure including Complete Blood count, urine analysis
c. Patient photograph
ii. At the time of claim submission
a. In case it's performed as an Emergency procedure, documentary proof / clinical notes to justify the need to perform it as an emergency
b. Clinical Notes with medicines prescribed such as oral analgesics, Antibiotics decided as per the need of the case
c. Informed consent duly signed by the patient and operating doctor
d. Operation notes and Post- operative monitoring notes
e. Detail discharge Summary
f. Intra-operative Stills (only if hysteroscopy is also done)
g. Histopathological report of curetted material

4. **Emergency management of Ureteric stone - Package for evaluation / investigation (ultrasound + culture) for 3 weeks (medicines) - SU094A**

ii. **At the time of claims submission**:

Detailed treatment and management including:

a. Indoor case papers
b. Prescribed medications including Corticosteroid (for Paediatric patient); Corticosteroid, Immunosuppressant's, antihypertensive and diuretics, etc., (for adults), as indicated based on diagnosis.
c. Discharge summary with appropriate discharge advise including Lifestyle modification, Sodium restriction (not in children), Diuretics, Blood pressure control, etc., as indicated and as per the treatment plan.
d. All investigations reports -
    1. Urine routine and microscopy
    2. 24-hour Urinary protein estimation (in District level & tertiary care hospitals)
    3. Serum creatinine, Serum electrolytes
    4. Serum albumin, lipid profile
    5. Ultrasound/ Imaging of Kidney
    6. Serological testing (Antistreptolysin O (ASO), Antinuclear Antibody (ANA), HIV, HBsAg, anti-HCV, Anti–glomerular basement membrane (Anti-GBM) antibody, Anti-PLA2R, C3, Antineutrophil cytoplasmic antibodies (ANCA), Serum protein electrophoresis (SPEP) (>50 y)) (in tertiary care hospitals)
    7. Kidney biopsy, where indicated **(in tertiary care hospitals)**

7. <u>High Risk Delivery</u>

Pre-mature delivery- SO054A

Mothers with eclampsia / imminent eclampsia / severe pre-eclampsia - SO054B

Major Fetal malformation requiring intervention immediately after birth - SO054C

Mothers with severe anaemia (<7 g/dL) - SO054D

Other maternal and fetal conditions as per guidelines-e.g previous caesarean section,

Diabetes, severe growth retardation, etc that qualify for high risk delivery - SO054E

i. At the time of Pre-authorisation					
a. Clinical notes (specifying history such as h/o Fall, Clenched teeth, Kidney failure, Liver failure, Encephalitis, Alcohol or drug abuse, if present)	Yes	Yes	Yes	Yes	Yes
b. CT/MRI/EEG	No	No	No	No	Yes
c. Blood tests to rule out metabolic causes of seizure – CBC, Electrolytes, ESR	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission					
a. Clinical Notes (specifying history such as h/o Fall, Clenched teeth, Kidney failure, Liver failure, Encephalitis, Alcohol or drug abuse, if present)	Yes	Yes	Yes	Yes	Yes
b. CT/MRI/EEG (can be combined with point e.)	Yes	Yes	Yes	Yes	Yes
c. Operative/ procedures notes	NA	NA	NA	NA	Yes
d. Discharge summary	Yes	Yes	Yes	Yes	Yes
e. Any other investigation reports (specify the investigations)	Yes	Yes	Yes	Yes	Yes

6. **<u>Acute glomerulonephritis - MP025A</u>**

i. At the time of pre-authorization-

a. Clinical notes with history, clinical examination, signs and symptoms like edema, hypertension, proteinuria, haematuria, eGFR (calculated using age appropriate formula)

b. Investigation reports -

I. Urine routine and microscopy

II. Serum creatinine, Serum electrolytes

III. Serum albumin

c. Clinical photograph of patient

b. Lab investigations (Complete Blood count, Hemoglobin, Thyroid function test)
c. USG Abdomen/ pelvis confirming presence of uterine fibroid/ polyp and its size
d. Consent form duly signed by the patient
e. Photograph of the patient with date and time

ii. **At the time of claims submission**:

a. Detailed indoor case papers clearly indicating the need for performing the surgery
b. Detailed Operative notes
c. Intraoperative stills with date & patient ID (in case of hysteroscopic polypectomy & hysteroscopic myomectomy)
d. Discharge summary with follow up advice
e. Pictures of gross specimen removed
f. Histopathology report/ form confirming submission of specimen removed for histopathological examination

10. <u>Acute asthma attack & Status Asthmaticus</u>

Acute asthmatic attack - MG039A

Status asthmaticus - MG039B

Mandatory documents	**Acute asthmatic attack**	**Status asthmaticus**
i. At the time of Pre-authorisation		
a. Clinical notes	Yes	Yes
b. Investigation reports		
i. Chest X-ray	Yes	Yes
ii. Spirometry/ PFT (if available)	Yes	Yes
iii. Routine Biochemistry (incl. Haemogram, IgE)	Yes	Yes
c. On bed Clinical photograph of the patient	Yes	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers having treatment and management including	Yes	Yes
Respiratory rate, Heart Rate, Blood Pressure, SpO2 monitoring		

Mandatory document	High Risk Delivery
i. At the time of Pre-authorization	
Detailed Admission notes (BP charting and blood glucose charting done in OPD)	Yes
Detailed antenatal record (BP charting and blood glucose charting done in OPD) / Reason for non-availability of the antenatal record	Yes
USG abdomen (Recent/ last USG report available)	Yes
ii. At the time of claim submission	
Detailed delivery notes	Yes
Detailed Discharge Summary	Yes
Labour charting	Yes
Detailed status of the new born child	Yes
CBC, viral markers, RFT, LFT, coagulation profile (Recent/ last reports available)	Yes
Prenatal care (PNC) notes	Yes

8. Operation for Hydrocele - SG056A

I. **For Pre-authorization doctors**:
   a. Clinical Notes with indications
   b. Investigations done

II. **For Claims Processing doctors**:
   a. Intra operative clinical photograph
   b. Detailed operative notes
   c. Pre-anaesthesia check-up report
   d. Detailed discharge summary

9. Polypectomy & Myomectomy

Polypectomy - SO008A

Hysteroscopic polypectomy - SO009A

Abdominal Myomectomy - SO006A

Hysteroscopic Myomectom - SO007A

i. **At the time of pre-authorization**:
   a. Clinical notes clearly indicating the reason(s) for admission, symptoms, signs, physical examination and procedure to be performed.

b. All investigations reports including CBC , Serial ABGs (where indicated & if available)/ Spirometry/ PFT (if available)	Yes	Yes
c. Detailed discharge summary	Yes	Yes

SHA has been continuously striving towards improving Quality of Care &Treatment being given to the beneficiaries under the scheme. This is a significant step taken by SHA towards determining minimum standard of care and to prevent fraud and abuse under the scheme. Every EHCP is requested to cooperate with the new changes.

Yours faithfully,

Executive Director
State Health Agency

Copy to – 1) DPCs, SHA, All districts.

2)HealthIndiaTPA