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**സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി**  
കരുതലിന്റെ കൈത്താണ്ട്

**File No: SHA/456/2020-MGR(HNQA)**

**01.10.2020**

**To**

**All Superintendents of AB PM-JAY-KASP Empanelled Private Hospitals  
And Government Hospitals**

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 7  
(STGs) – Mandatory Documents reg.

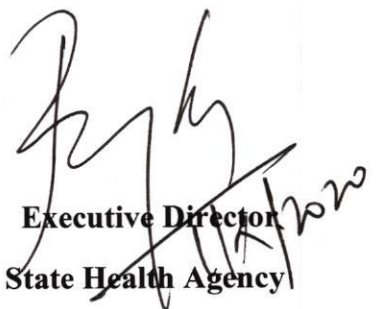
Ref: 1.DO No.S-12015/08/2019-NHA (HNW &QA) (Pt.1) (Vol.2) Dated 27/07/2020

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 7<sup>th</sup> set of 19 STGs and make live in the PM-JAY KASP IT system by 06.10.2020.

The mandatory documents for claim adjudication are as attached for reference.

**Yours faithfully,**

  
**Executive Director**  
**State Health Agency**



**From**

**Executive Director  
State Health Agency**

**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) – 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 7th set STGs and make live in the PM-JAY KASP IT system by 06.10.2020.The following are the mandatory documents required for claim adjudication.

**STG Procedures – Mandatory Documents**

**1. Abdominal Hydatid Cyst (Single Organ) - SG038A**

<b>Mandatory document</b>	<b>Abdominal Hydatid Cyst</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
USG/CT/MRI Abdomen	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes
Intra-operative Photographs (optional)	Yes

**2. Acute ataxia - MP016A**

<b>Mandatory document</b>	<b>A c u t e</b>

	<b>a t a x i a</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes showing vitals, examination findings, planned line of treatment and advice for admission	Y e s
Nerve conduction test (ENMG)/MRI/CT	Y e s
Viral serology	Y e s
<b>Optional based on etiology and availability</b> Toxicological testing, blood glucose, metabolic evaluation, Cerebrospinal fluid examination, Viral serology, Urinalysis, Serum Electrolytes, Vitamins, Complete blood count, liver function test	Y e s
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Y e s
Nerve conduction test (ENMG)/MRI/CT/Viral serology (Optional)	Y e s
Detailed discharge summary	Y e s

### 3. Burr hole surgery

**Burr hole surgery - Burr hole - SN008A**

**Burr hole surgery - Burr hole surgery with chronic Sub Dural Hematoma - SN008B**

<b>Mandatory document</b>	<b>Burr Hole Surgery</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Evaluation	Yes
CT Scan/MRI brain	Yes

<b>Optional</b> Complete Blood Count C-reactive protein X ray - skull	
Planned line of treatment	Y e s
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs)	Y e s
CT Brain	Y e s
Detailed Procedure / operative notes	Y e s
Detailed discharge summary	Y e s

#### 4. Chronic Cough - MP019A

##### Wheezing - MP018A

<b>Mandatory document</b>	<b>Chronic cough/Wheezing</b>
<b>i. At the time of Pre-authorization</b>	
<b>Clinical notes showing vitals, examination findings, planned line of treatment and advice for admission</b>	<b>Yes</b>
<b>Chest X-ray, Complete blood count, Erythrocyte Sedimentation rate, Chest CT / HRCT, Spirometry, Sputum examination/gastric aspirate, Tuberculin test</b>	<b>Yes</b>
<b>Optional based on etiology and availability Renal function test, Serum Electrolytes, barium esophagram / Ph manometry, barium esophagram / Ph manometry, BAL (bronchoalveolar lavage), Sweat chloride test, Allergy testing (elevated immunoglobulin E), Angiography, 2D ECHO, Bronchoscopy/Nasopharyngoscopy/Endoscopy</b>	<b>Yes</b>
<b>ii. At the time of claim submission</b>	
<b>Detailed Indoor case papers (ICPs) with treatment details</b>	<b>Yes</b>

Detailed discharge summary	Yes
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### 5. Cyanotic spells

Cyanotic spells - Cyanotic spells – MP040A

Cyanotic spells - Cyanotic spells with CHD - MP040B

Cyanotic spells - Cyanotic spells with Chest infection - MP040C

Cyanotic spells - Cyanotic spells with Sepsis - MP040D

Mandatory documents	Cyanotic Spell	Cyanotic spell with CCH D	Cyanotic spell with chest infection	Cyanotic spell with sepsis
Pre-auth processing Doctor (PPD)				
a. Clinical notes	Yes	Yes	Yes	Yes
b. Investigations				
1. Chest X-ray	Yes	Yes	Yes	Yes (if needed)
2. Blood gas analysis	Yes	Yes	Yes (if needed)	Yes (if needed)
3. Echocardiography	Yes	Yes		
4. Complete blood count, serum ferritin, blood glucose	Yes	Yes	Yes	Yes
5. Serum Calcium	Yes			
6. Sepsis screen			Yes	Yes
7. Hyperoxia test		Yes	Yes	
8. ECG/ECHO	Yes (if no 2D ECHO)	Yes		
9. EEG	Yes			
10. Measurement of oxygen saturation / co-oximetry	Yes	Yes	Yes	Yes
c. Planned line of treatment	Yes	Yes	Yes	Yes
Claims Processing Doctor (CPD)				
Detailed Indoor case papers (ICPs) with treatment details	Yes	Yes	Yes	Yes
Investigations/Imaging	Yes	Yes	Yes	Yes

reports				
Detailed Discharge summary with follow-up advise at the time of discharge	Yes	Yes	Yes	Yes

### 6. Exomphalos and Gastroschisis

Exomphalos and Gastroschisis – Exomphalos - SS014A

Exomphalos and Gastroschisis – Gastroschisis - SS014B

Mandatory document	Exomphalos and Gastroschisis
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical photographs	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed operative notes	Yes
Detailed discharge summary	Yes
Post-operative photographs	Yes

### 7. Fecal Fistula Closure - SS011A

Mandatory document	Fecal fistula
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
CT/Fistulography/Barium study	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

### 8. Fissure-in-Ano

Procedure for Fissure in Ano - SG031A

Mandatory document	Fissure-in-Ano
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Anal examination findings	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**9. Hemorrhoidectomy - without Stapler\* - SG032A****Hemorrhoidectomy - with Stapler - SG032B**

\*includes all other modalities such as Laser, but does not include banding

<b>Mandatory document</b>	<b>Hemorrhoids</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical Examination	Yes
Proctoscopy	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-op clinical photographs	Yes
Detailed discharge summary	Yes

**10. Hydrocephalus (Surgical management)****Ventriculoperitoneal Shunt Surgery (VP) or Omayo Reservoir or External Drainage for Hydrocephalus - MN010A**

<b>Mandatory document</b>	<b>Hydrocephalus</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes	Yes
Clinical picture	Yes
Neurosonogram/CT Brain/MRI Brain	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Post-procedure photograph (Optional)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

**11. Autoimmune hemolytic anemia****Immune hemolytic anemia - MP041A**

<b>Mandatory document</b>	<b>Autoimmune hemolytic anemia</b>
<b>i. At the time of Pre-authorization</b>	

Clinical notes showing vitals, examination findings, planned line of treatment & advice for admission	Yes
Direct Coomb's test (DCT)	Yes
Complete blood count (CBC), peripheral smear, urinalysis, reticulocyte, haptoglobin, total serum bilirubin	Yes
<b>Optional (based on clinical condition and availability)</b>	Yes
Indirect Coomb's test (ICT), Kidney function tests, Bone marrow aspiration, Chest X-ray, lactate dehydrogenase (LDH), viral serology	
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
DCT, CBC, peripheral smear	Yes
Detailed discharge summary	Yes

### 12. Infantile cholestasis - MP024A

<b>Mandatory document</b>	<b>Infantile cholestasis</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes including vitals, examination findings, planned line of treatment and advice for admission	Yes
Liver function test	Yes
USG Abdomen	Yes
<b>Optional – Based on the etiology and availability</b> Lab investigations: Complete Blood Count, Renal Function Test, Prothrombin Time/Partial thromboplastin time, Sepsis screen, Urinalysis, blood sugar, Sr. Electrolytes, Thyroid profile, Viral Serology, Metabolic screening, Genetic screening	Yes
Diagnostic Imaging: Endoscopic retrograde cholangiopancreatography (ERCP)	
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Total serum bilirubin	Yes
Detailed discharge summary	Yes

### 13. Intracranial hemorrhage - MP009A

<b>Mandatory document</b>	<b>Intracranial hemorrhage</b>
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<b>i. At the time of Pre-authorization</b>	
Clinical notes showing vitals, examination findings, planned line of treatment & advice for admission	Yes
Glasgow coma scale findings and examination findings	Yes
Cranial ultrasonography/CT/MRI Brain	Yes
Electroencephalography (optional)	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Improved Glasgow coma scale score	Yes
Cranial ultrasonography/CT/MRI Brain	Yes
Detailed Operative/Procedures notes (optional)	Yes
Detailed discharge summary	Yes

**14. Juvenile Myasthenia - MP015A**

<b>Mandatory document</b>	<b>Juvenile Myasthenia</b>
<b>i. At the time of Pre-authorization</b>	
Clinical notes showing vitals, examination findings, planned line of treatment and advice for admission	Yes
Nerve conduction studies (EMG/ENMG)/ Prostigmine/Tensilon test/ Ach receptor antibody testing	Yes
thyroid profile ( <b>optional</b> )	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed discharge summary	Yes

**15. Global developmental delay / Intellectual disability of unknown etiology & Developmental and behavioral disorders**

Global developmental delay / Intellectual disability of unknown etiology - Global developmental delay - MP029A

Global developmental delay / Intellectual disability of unknown etiology - Intellectual disability of unknown etiology - MP029B

Developmental and behavioral disorders - Developmental and behavioral disorders - MP032A

<b>Mandatory document</b>	<b>Neurodevelopmental disorders</b>
<b>i. At the time of Pre-authorization</b>	

Clinical notes including history, symptoms, signs, vitals, examination findings, planned line of treatment and advice for admission	Yes
<b>1. Intellectual Disorders (ID)</b> <ol style="list-style-type: none"> <li>i. Intelligence Quotient (IQ) test</li> <li>ii. Social maturity assessment (Vineland Social Maturity Scale - VSMS)</li> <li>iii. Developmental screening test (DST)</li> <li>iv. CT/MRI Brain (Optional)</li> </ol>	Yes
<b>2. Global developmental delay (GDD)</b> <ol style="list-style-type: none"> <li>i. Imaging: EEG, CT, MRI, MRS (as per the patient condition)</li> <li>ii. IQ test (&gt;5 years)</li> <li>iii. Social maturity assessment (VSMS)</li> <li>iv. Developmental screening test (DST)</li> <li>v. CT/MRI Brain (Optional)</li> <li>vi. Lab: CBC, glucose, RFT, LFT, Sr electrolytes, TSH, lactate, ammonia, metabolic screening, ferritin, b12, toxicology screening, ABG, urinalysis, metabolic screening, TORCH profile (as per the patient condition)</li> <li>vii. CT/MRI, EEG (if necessary)</li> <li>viii. Karyotyping, genetic testing (if necessary)</li> </ol>	Yes
<b>3. Autism spectrum disorders (ASD)</b> <ol style="list-style-type: none"> <li>i. Toddler <ul style="list-style-type: none"> <li><input type="checkbox"/> M-CHAT-R (modified checklist for autism in toddlers revised scoring)</li> </ul> </li> <li>ii. Children &gt; 3 yr <ul style="list-style-type: none"> <li><input type="checkbox"/> CARS (Childhood autism rating scale)</li> </ul> </li> </ol>	Yes
<input type="checkbox"/> ISAA (India Scale for assessment for autism) <input type="checkbox"/> INT-ASD (INCLIN Diagnostic tool for autism spectrum disorder) <input type="checkbox"/> Autism behavior checklist iii. Developmental screening and monitoring (18 months, 2 yrs, 3 yrs) iv. CT/MRI (optional)	
<b>4. Learning disabilities</b> <ul style="list-style-type: none"> <li>• IQ assessment</li> <li>• Learning <ul style="list-style-type: none"> <li><input type="checkbox"/> Wide range achievement test, fifth edition (WRAT5)</li> <li><input type="checkbox"/> Grade level assessment device (GLAD)</li> <li><input type="checkbox"/> Dyslexia Screening test</li> <li><input type="checkbox"/> NIMHANS battery for learning difficulties</li> </ul> </li> <li>• Eye and hearing screening (optional)</li> </ul>	Yes
<b>5. Attention Deficit / Hyperactivity Disorder (ADHD)</b> <b>[self, parent, teacher rated]</b> <ol style="list-style-type: none"> <li>i. Observation assessment</li> <li>ii. ACDS (ADHD Clinical Diagnostic Scale)</li> <li>iii. DBRS (Disruptive Behavior Disorder Rating Scale)</li> <li>iv. INCLIN Diagnostic Tool for ADHD (INDT-ADHD)</li> </ol>	Yes