

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines
11(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 11th set of 20 STGs and make live in the PM-JAY KASP IT system by 02.12.2020.

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

STG Procedures – Mandatory Documents

1. Acromioclavicular (AC) Joint reconstruction / Stabilization

AC Joint reconstruction / Stabilization - Rockwood Type – I - SB032A

AC Joint reconstruction / Stabilization – Rockwood Type – II - SB032B

AC Joint reconstruction / Stabilization – Rockwood Type – III - SB032C

AC Joint reconstruction / Stabilization – Rockwood Type – IV - SB032D

AC Joint reconstruction / Stabilization – Rockwood Type – V - SB032E

AC Joint reconstruction / Stabilization – Rockwood Type – VI - SB032F

Mandatory document	Rockwood type
	I-VI
i. At the time of Pre-authorization	
a. Clinical notes confirming the diagnosis	Yes
b. X-ray/ MRI labelled with patient ID, date and side (Left/ Right) of affected limb	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-op X-ray labelled with patient ID, date and side (Left/ Right) of operated limb	Yes
c. Post Procedure clinical photograph (Optional)	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Invoice and barcode of implant	Yes
f. Detailed Discharge summary	Yes

2. Amputation

Single Stage Amputation - Above Elbow - SB043A
Single Stage Amputation -Below Elbow -SB043B
Single Stage Amputation -Above Knee -SB043C
Single Stage Amputation -Below Knee -SB043D
Single Stage Amputation –Foot -SB043E
Single Stage Amputation –Hand -SB043F
Single Stage Amputation –Wrist -SB043G
Two Stage Amputation -Above Elbow- SB044A
Two Stage Amputation -Below Elbow -SB044B
Two Stage Amputation -Above Knee -SB044C
Two Stage Amputation -Below Knee -SB044D
Two Stage Amputation –Foot -SB044E
Two Stage Amputation –Hand -SB044F
Two Stage Amputation –Wrist -SB044G
Amputation - Fingers / Toes -Finger(s) -SB045A
Amputation - Fingers / Toes - Toe(s) -SB045B

Mandatory documents	Amputation - Single Stage; Two Stage; Fingers / Toes
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) of affected limb/part	Yes
c. MLC/ FIR (if traumatic patient)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-operative X-ray labelled with patient ID, date and side (Left/ Right) showing affected part	Yes
c. Post Procedure clinical photograph (Optional)	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Detailed Discharge summary	Yes

3. Application of Traction / P.O.P. casts / P.O.P. Spikas, Jackets

Application of Traction - Skeletal Traction with pin -SB002A
Application of Traction - Skin Traction - SB002B
Application of P.O.P. casts - Upper Limbs - SB003A
Application of P.O.P. casts - Lower Limbs - SB003B
Application of P.O.P. Spikas, Jackets –Spikas - SB004A
Application of P.O.P. Spikas, Jackets – Jackets - SB004B

Mandatory documents	A.T. Skeletal Traction with pin	A.T. Skin Traction	Application of P.O.P. casts	Application of P.O.P. Spikas	Application of P.O.P. Jackets
i. At the time of Pre-authorization					
a. Clinical notes with indication for surgery	Yes	Yes	Yes	Yes	Yes
b. Clinical photograph of affected part	Yes	Yes	Yes	Yes	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected limb.	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission					
a. Detailed Indoor case papers (ICPs)	Yes	Yes	Yes	Yes	Yes
b. Post Procedure clinical photograph with pins.	Yes	No	No	No	No
c. Post Procedure clinical photograph with POP cast	No	No	Yes	No	No
d. Post Procedure clinical photograph with POP Spika	No	No	No	Yes	No
e. Post Procedure clinical photograph with POP Jacket	No	No	No	No	Yes
f. Detailed Procedure / Operative Notes.	Yes	Yes	Yes	Yes	Yes
g. Discharge Summary	Yes	Yes	Yes	Yes	Yes

4. Arthrodesis

Arthrodesis - Ankle / Triple with implant -SB026A

Arthrodesis - Shoulder -SB026B

Arthrodesis - Wrist - SB026C

Arthrodesis - Knee- SB026D

Arthrodesis - Hand - SB026E

Arthrodesis - Foot- SB026F

Arthrodesis - Ankle / Triple without implant -SB026G

Mandatory documents	Hand, Ankle/Triple without implant	Foot	Shoulder, Knee, Ankle/Triple with implant	Wrist,
i. At the time of Pre-authorization				
a. Clinical notes detailing indication	Yes		Yes	
b. Clinical photograph of affected part	Yes		Yes	
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes		Yes	
ii. At the time of claim submission				
a. Detailed Indoor case papers (ICPs)	Yes		Yes	
b. Detailed Procedure / Operative Notes	Yes		Yes	
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes		Yes	
d. Invoice and bar code of implant	No		Yes	
e. Post Procedure clinical photograph	Yes		Yes	
f. Detailed discharge summary	Yes		Yes	

5. Arthrotomy / Arthrolysis of joint

Arthrotomy of any joint - Arthrotomy of any joint - SB024A
Arthrolysis of joint – Elbow -SB025A
Arthrolysis of joint – Knee - SB025B
Arthrolysis of joint – Ankle - SB025C

Mandatory documents	Arthrotomy of any joint / Arthrolysis of joint
i. At the time of Pre-authorization	
a. Clinical notes confirming the diagnosis	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
c. Clinical photograph of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Post-procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Post procedure clinical photograph	Yes
e. Detailed Discharge summary	Yes

6. Bone Tumour Excision (malignant) including GCT + Joint replacement, Excision of Osteochondroma, Exostosis

Bone Tumour Excision (malignant) (GCT + Joint replacement - Bone Tumour Excision (malignant) including GCT + Joint replacement - SB040A

Excision of Osteochondroma/Exostosis – Osteochondroma - SB064A

Excision of Osteochondroma / Exostosis – Exostosis - SB064B

Mandatory documents	Bone Tumour Excision- malignant	Osteochondroma / Exostosis
i. At the time of Pre-authorization		
a. Clinical notes with planned line of Treatment	Yes	Yes
b. X-ray/MRI labelled with patient ID, date and side (Left/ Right) of affected part	Yes	Yes
c. Biopsy report	Yes	No

d. Clinical photograph of affected part	Yes	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Procedure / operation notes	Yes	Yes
c. Histopathology of excised tissue	Yes	Yes
d. Invoice and bar code of implant	Yes	No
e. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes	No
f. Post Procedure clinical photograph	Yes	No
g. Detailed Discharge Summary	Yes	Yes

7. Carpal Tunnel Syndrome

**Carpal Tunnel Release -Carpal Tunnel Release - SN046A
Nerve Decompression- Nerve Decompression- SN047A
Peripheral Nerve Surgery Minor - SN049A**

Mandatory documents	Carpal Tunnel Release	Nerve Decompression	Peripheral Nerve Surgery (Minor)
i. At the time of Pre-authorization			
Clinical notes confirming the diagnosis	Yes	Yes	Yes
Ultrasound imaging (USG) labelled with patient ID, date and side (Left/ Right) of affected limb	Yes	Yes	Yes
Nerve Conduction Velocity (NCV)	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed Indoor Case Papers (ICPs)	Yes	Yes	Yes
Intra-operative photograph (optional)	Yes	Yes	Yes
Detailed Procedure /	Yes	Yes	Yes

Operative Notes			
Detailed discharge summary	Yes	Yes	Yes

8. Cervical Elongation

Surgeries for Prolapse - Sling Surgeries -SO013A

Mandatory document	Surgeries for Prolapse - Sling Surgeries
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Abdomen/pelvis	Yes
Optional Pap smear	Yes
Indication of implant requirement	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Investigation reports (if done)	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Implant barcode	Yes
Detailed Discharge Summary	Yes

9. Complete vaginal agenesis

Vaginoplasty (McIndoe procedure) - SO031A

Mandatory document	Vaginoplasty (McIndoe procedure)
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Pelvic/Abdominal USG	Yes
Optional Karyotyping	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes

Investigation reports (if done)	Yes
Diagnostic laparoscopy (optional)	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes
Histopathological report (optional)	Yes

10. Excision of Vaginal Septum

Excision of Vaginal Septum (vaginal route) - SO028A

Mandatory document	Excision of Vaginal Septum
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Clinical Examination	Yes
Pelvic/Abdominal USG / MRI	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (if done)	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes

11. External fixation of Fracture

- Long bone - SB005A**
- Small bone - SB005B**
- Pelvis - SB005C**
- Both bones –forearms- SB005D**

Mandatory documents	External fixation of Fracture
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. Clinical photograph of affected part	Yes
c. X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
ii. At the time of claim submission	Yes
a. Detailed Indoor case papers (ICPs)	Yes

b. Post Procedure clinical photograph	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Invoice and barcode of implant	Yes
e. Detailed discharge Summary	Yes

12. Hysteroscopic Adhesiolysis

Hysteroscopic Adhesiolysis - SO022A

Mandatory document	Hysteroscopic Adhesiolysis
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Pelvis/Abdomen	Yes
Optional	Yes
Hysterosalpingography (HSG) in case of infertility	
Sonohysterography	
Hysteroscopy	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (If done)	Yes
Detailed operative/procedure notes	Yes
Detailed Discharge Summary	Yes

13. Hysterotomy

Hysterotomy - SO014A

Mandatory document	Hysterotomy
i. At the time of Pre-authorization	
Detailed Clinical notes with history, symptoms, signs, examination findings and advice for admission	Yes
History and clinical presentation confirming the diagnosis	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Documentation of indication of surgery	Yes

Detailed operative/procedure notes	Yes
Histopathological Examination	Yes
Blood transfusion notes (if blood transfusion was given)	Yes
Detailed Discharge Summary	Yes

14. Imperforate Hymen

Hymenectomy for imperforate hymen - SO029A

Mandatory document	Hymenecto my for imperforate hymen
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG pelvis	Yes
Optional MRI	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes

15. Laparoscopic Adhesiolysis

Laparoscopic adhesiolysis - SO023A

Mandatory document	Laparoscopic Adhesiolysis
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Pelvis	Yes
Optional	Yes
Hysterosalpingography (HSG) in case of infertility	

Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (if done)	Yes
Detailed operative notes	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

16. Mullerian Anomaly

Abdomino Perineal repair for Mullerian Anomaly - SO037A

Mandatory document	Abdomino Perineal repair for Mullerian Anomaly
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Transvaginal/Trans abdominal (TVS/TAS)	Yes
Optional Spine imaging (X-ray) Kryotyping Hormonal profile Renal ultrasound MRI pelvis Hysterosalpingography (HSG) Laparoscopy/ Hysteroscopy/ Vaginoscopy	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (If done)	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed Discharge Summary	Yes

17. Nerve Transposition / Release / Neurolysis

Nerve transposition - SB066A
Nerve release - SB066B
Neurolysis -SB066C

Mandatory document	Nerve transposition/ Nerve release/ Nerve neurolysis
i. At the time of Pre-authorization	
a. Clinical notes with indication for surgery	Yes
b. EMG/NCV/MRI labelled with patient ID, date and side (Left/ Right) of affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Post procedure clinical photograph	Yes
d. Detailed Discharge Summary	Yes

18. Pelvic inflammatory disease (PID)

Pelvic inflammatory disease (PID) - SO040B

Mandatory document	Laparotomy for benign disorders – PID
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Hemogram with Erythrocyte sedimentation rate, liver function test, renal function test, serum electrolytes, blood culture	Yes
USG abdomen and pelvis (if adnexal mass)	Yes
Optional	Yes
Endocervical swab culture	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (if done)	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

19. Spine Decompression & Fusion, Spine deformity correction

Spine Decompression & Fusion - SN038A

Spine Decompression & Fusion with fixation - SN038B

Spine deformity correction - SB054A

Mandatory documents	Spine Decompression & Fusion	Spine Decompression & Fusion with fixation	Spine deformity correction
i. At the time of Pre-authorization			
a. Clinical notes confirming the diagnosis	Yes	Yes	Yes
b. MRI with patient ID, date and side (Left/ Right) of affected part justifying surgery	Yes	Yes	No
c. X-ray with film with patient ID, date and side (Left/ Right) of affected part	No	No	Yes
ii. At the time of claim submission			
a. Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
b. Detailed Procedure / operation notes	Yes	Yes	Yes
c. Post-operative X-ray with film showing implant labelled with patient ID, date and side (Left/ Right) of affected part	No	Yes	Yes
d. Post op X-ray with film showing fusion with patient ID, date and side (Left/ Right) of affected part	Yes	No	No
e. Invoice and barcode of implant	No	Yes	Yes
f. Detailed discharge summary	Yes	Yes	Yes

20. Tubal patency (Fallopian Tube disease)**Procedure on Fallopian Tube for establishing Tubal Patency - SO004A**

Mandatory document	Procedure on Fallopian Tube for establishing Tubal Patency

i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
HSG (hysterosalpingogram) / Sonosalpingography	Yes
Optional Follicular study Salpingoscopy Fallopscopy Laparoscopy (diagnostic)	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes
HSG (hysterosalpingogram) – post operative	Yes

Yours faithfully,

DR. RATHAN U
KELKAR I A S, ED
SHA, O/o ED SHA