

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 12 (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 12th set of 20 STGs and make live in the PM-JAY KASP IT system by 16.12.2020.

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

STG Procedures – Mandatory Documents

1. Atlanto-axial dislocation (AAD)

**Transoral surgery (Anterior) and CV Junction (Posterior Stabilization) -
Transoral surgery**

(Anterior) and CV Junction (Posterior Stabilization) - SN019A

Mandatory document	Transoral surgery (Anterior) and CV Junction (CVJ) (Posterior Sterilization)
i. At the time of Pre-authorization	
Clinical notes including indication of implant requirement, evaluation findings confirming the diagnosis	Yes
CT + MRI CVJ (Craniovertebral junction) + cervical spine - X ray	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Post op CT-CVJ (Craniovertebral junction) report	Yes
Detailed Procedure / operative notes	Yes

Implant details (barcode/invoice)	Yes
Detailed discharge summary	Yes

2. Balloon test occlusion - IN008A

Mandatory document	Balloon test occlusion
i. At the time of Pre-authorization	
Clinical notes	Yes
Angiogram	Yes
Optional CT/MRI SPECT (Single photon emission computed tomography)	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes including: <ul style="list-style-type: none"> • Clinical Evaluation of the brain function during the procedure • EEG (Electroencephalogram) monitoring during the procedure 	Yes
Intra-procedure photographs (optional)	Yes
Detailed discharge summary	Yes

3. Brachial plexus injury

Brachial Plexus – Repair - Brachial Plexus – Repair - SN045A

Peripheral Nerve Surgery – Major - SN049B

Mandatory document	Brachial plexus - repair	Peripheral nerve Surgery (Major)
i. At the time of Pre-authorization		
Clinical notes	Yes	Yes
Clinical Evaluation	Yes	Yes
Electromyography (EMG)	Yes	Yes
Nerve conduction studies	Yes	Yes
Planned line of treatment	Yes	Yes
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes
Intra-operative photographs	Yes	Yes

(optional)		
In case of accidents – FIR (optional)	Yes	Yes
Detailed discharge summary	Yes	Yes

4. Chorionic villus sampling - SO048A

Mandatory document	Chorionic villus sampling
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Nuchal translucency (NT) and Early TIFFA (Targeted imaging for fetal anomalies) scan reports	Yes
Detailed Discharge Summary	Yes

5. Closure of Burst Abdomen - SG036A

Mandatory document	Closure of burst Abdomen
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Photograph	Yes
Optional X-ray erect/CT Abdomen	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure & operative notes	Yes
Post-operative photographs (optional)	Yes
Detailed discharge summary	Yes

6. Cordocentesis - SO049A

Mandatory document	Cordocentesis
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Nuchal translucency (NT) and Early TIFFA (Targeted imaging for fetal anomalies) scan reports	Yes
Detailed Discharge Summary	Yes

7. Examination under anesthesia (EUA)

Mandatory document	Examination under anesthesia (minor girls / unmarried sexually inactive / victims of sexual abuse)
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Vaginal examination	Yes
Vaginal swab (in cases of sexual assault)	Yes
Informed consent from parents/adult patient	Yes
Depending on Etiology (optional) USG abdomen/pelvis CT/MRI	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Medicolegal case documentation (in cases of sexual assault)	Yes
Detailed Discharge Summary	Yes

EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse) - SO045A

8. Excision of Cervical Ribs - SN031A

Mandatory document	Excision of Cervical Rib
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical photograph	Yes
Cervical X-ray CT/MRI Chest and Cervical Spine	Yes
Optional Adson test	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Cervical/Chest X-ray	Yes
Detailed discharge summary	Yes
Mandatory document	Laparoscopic cystectomy
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
CA 125 Tumor marker	Yes
Optional Doppler Ultrasound CT/ MRI scan pelvis Other Tumor markers based on etiology	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
Histopathological Examination	Yes
Detailed Discharge Summary	Yes

9. Laparoscopic cystectomy - SO041A

10. Lap. Salpingo-oophorectomy - SO001A

Mandatory document	Laparoscopic Salpingo-oophorectomy
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG/CT/MRI Abdomen/pelvis	Yes
Optional	Yes
Doppler Study of Ovaries	
CA 125 Tumor marker	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Post procedural USG Abdomen/pelvis	Yes
Histopathological Examination (if applicable)	Yes
Detailed Discharge Summary	Yes

11. Lumbar discectomy**Lumbar discectomy - Lumbar discectomy - SN033A****Micro discectomy – Lumbar - SN036B**

Mandatory document	Lumbar Discectomy / Micro discectomy (Lumbar)
i. At the time of Pre-authorization	
Clinical notes	Yes
Clinical Evaluation	Yes
MRI Lumbar spine	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed discharge summary	Yes

12. Re exploration after laparotomy / Caesarean Section

Re exploration after laparotomy / Caesarean Section - Re exploration after Caesarean Section - SO058A

Re exploration after laparotomy / Caesarean Section - Re exploration after Laparotomy - SO058B

Mandatory document	Re exploration after laparotomy / Caesarean Section
i. At the time of Pre-authorization	
Detailed Clinical notes with history, symptoms, signs, examination findings, indication for planned line of treatment and advice for admission	Yes
Clinical photograph of scar from previous surgery	Yes
USG Abdomen/pelvis	Yes
Coagulation profile	Yes
Complete blood profile	Yes
Optional Sepsis screen	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed operative notes	Yes
Post-op USG Abdomen	Yes
Post-operative scar photo (optional)	Yes
Blood transfusion notes (if blood transfusion was given)	Yes
Detailed Discharge Summary	Yes

13. Spinal Canal Stenosis

Surgery for Spinal Canal Stenosis - SN037A

Mandatory document	Spinal Canal Stenosis
i. At the time of Pre-authorization	
Clinical notes including clinical evaluation findings	Yes
X-ray/CT/MRI Spine	Yes
Optional	Yes

Electromyogram (EMG)	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
X ray – if instrumentation or fusion is done (optional)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes

14. Stoma Management

Stoma Management follow up of Ileostomy - SG097A

Stoma Management follow up of Colostomy - SG097B

Mandatory document	Stoma Management
i. At the time of Pre-authorization	
Discharge summary of the last admission	Yes
Clinical notes including examination findings of the current visit	Yes
Any requirement of the investigation for the current visit (optional)	Yes
ii. At the time of claim submission	
Photographic evidence of stoma complication, if any	Yes
Invoice/receipt of consumables (optional) if colostomy bag changed	Yes
Signed statement from pt. that s/he has received the consumables: Ileostomy / Colostomy - bags, adhesive, clips etc. for 2 months	Yes

15. Urethrovaginal fistula

Urethrovaginal fistula repair - SU075A

Mandatory document	Urethrovaginal fistula repair
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
Three swab test	Yes
Optional Cystoscopy Vaginoscopy	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (If required)	Yes
Detailed procedure/operative notes	Yes
Post-operative photographs (optional)	Yes
Detailed Discharge Summary	Yes

**16. Uterovaginal prolapse
Manchester Repair - SO012A**

Mandatory document	Manchester Repair
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings confirming diagnosis and advice for admission	Yes
Optional USG abdomen/pelvis	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (If required)	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

**17. Vaginal prolapse
Cystocele - Anterior repair - Cystocele - Anterior repair - SO042A**

Anterior & Posterior Colpoperineorrhaphy - Anterior & Posterior Colpoperineorrhaphy- SO030A

Mandatory document	Cystocele – anterior repair /
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	Anterior & Posterior Colpoperineorrhaphy
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Clinical photograph (optional)	Yes
USG abdomen/pelvis	Yes
Pap smear	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed operative/procedure notes	Yes
Detailed Discharge Summary	Yes
Histopathological report (optional)	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

18. Vault Prolapse

Sacrocolpopexy (Abdominal) – Open - SO025A

Sacrocolpopexy (Abdominal) - Lap. - SO025B

Vaginal Sacrospinus fixation with repair - SO027A

Mandatory document	Sacrocolpopexy (Abdominal – Lap/open)	Vaginal Sacrospinus fixation with repair
i. At the time of Pre-authorization		
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes	Y e s
Pelvic/Abdominal USG	Yes	Y e s
Planned line of treatment	Yes	Y e s
ii. At the time of claim submission		
Detailed indoor case papers	Yes	Y

		e s
Investigation reports (if required)	Yes	Y e s
Intra-operative photos (optional)	Yes	Y e s
Detailed procedure/operative notes	Yes	Y e s
Detailed Discharge Summary	Yes	Y e s

19. Vertebroplasty - IN010A

Mandatory document	Vertebr oplasty
i. At the time of Pre-authorization	
Clinical notes including clinical evaluation and confirming the diagnosis	Yes
X-ray Spine (AP and lateral view)	Yes
MRI Spine	Yes
Investigations (optional) Complete blood count, INR/PT, Serum creatinine	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
In case of accident/trauma – FIR (if applicable)	Yes
Documentary evidence/Invoice of cement used as applicable	Yes
Histopathological examination (if applicable)	Yes
Detailed discharge summary	Yes

20. Vesicovaginal fistula

Vaginal repair for vesico- vaginal fistula - SO032A

Mandatory document	Vaginal repair for vesico-vaginal fistula
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i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Cystoscopy/Cystourethroscopy	Yes
Complete Urine Examination (CUE)	Yes
Optional USG Abdomen/pelvis Voiding Cystourethrogram	Yes
Three-swab test Dye test	
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (If required)	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Detailed Discharge Summary	Yes

Yours faithfully,

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