

25.01.2021

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 15 (STGs) – Mandatory Documents reg.

Ref: 1.DO No.S-12015/78/2020-NHA (HNW &QA) (Pt.1) (Vol.2) Dated 23.12.2020

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 15th set of 20 STGs and make live in the PM-JAY KASP IT system by 28.01.2021.

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

STG Procedures – Mandatory Documents

1. Carotico-cavernous Fistula

Carotico-cavernous Fistula (CCF) embolization - Carotico-cavernous Fistula (CCF) embolization with coils. [includes 5 coils, guide catheter, micro- catheter, micro-guidewire, general items] - IN004A

Carotico-cavernous Fistula (CCF) embolization- Carotid-cavernous Fistula (CCF) embolization with balloon. (includes one balloon, guide catheter, micro-catheter, micro-guidewire, general items) - IN004B

Mandatory document	Carotico-cavernous Fistula (CCF) embolization with coils/balloon
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of implant requirement and planned line of treatment	Yes
Clinical photograph of the affected eye	Yes
CT/MRI Brain	Yes
Digital subtraction angiography (DSA)	Yes
Complete Blood Count, Creatinine, Prothrombin	Yes

Time/INR	
Optional Orbital ultrasound IVUS (intravascular ultrasound) monitoring	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative photographs (optional)	Yes
Check Angiogram report	Yes
CT Brain (optional depending on clinical condition)	Yes
Implant details (invoice/barcode)	Yes
Detailed discharge summary	Yes

2. Closed reduction of joint dislocation

Closed reduction of joint dislocation – Hip - SB028A

Closed reduction of joint dislocation – Shoulder - SB028B

Closed reduction of joint dislocation – Elbow - SB028C

Closed reduction of joint dislocation – Knee - SB028D

Mandatory document	Closed reduction of joint dislocation
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	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	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) of affected part	Yes
d. Post Procedure clinical photograph	Yes
e. Discharge Summary	Yes

3. Corrective Surgery in Club Foot

Correction of club foot per cast - Correction of club foot per cast - SB062A**Corrective Surgery in Club Foot / JESS Fixator - Corrective Surgery in Club Foot / JESS Fixator – SB063A**

Mandatory document	Correction of club foot per cast	Corrective Surgery in Club Foot / JESS Fixator
i. At the time of Pre-authorization		
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes	Yes
b. X-ray/MRI labelled with patient ID, date and side (Left/ Right) of affected part	Yes	Yes
c. Clinical photograph of affected part	Yes	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Post procedure clinical photograph with cast	Yes	Yes
c. Invoice/bar code of implant	No	Yes
d. Detailed Procedure / Operative Notes	Yes	Yes
e. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes	Yes
f. Detailed Discharge summary	Yes	Yes

4. Corrective Surgery for foot deformities**Corrective Surgery for foot deformities - Vertical Talus - SB061A****Corrective Surgery for foot deformities - Other foot deformities - SB061B**

Mandatory document	Vertical Talus and Other Foot deformities
i. At the time of Pre-authorization	
a. Clinical notes with planned line of Surgery/Treatment	Yes
b. X-ray/MRI 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	Yes
b. Procedure / operation notes	Yes
c. Post procedure X-ray labelled with patient ID, date and side	Yes

(Left/ Right) of affected part	
d. Post Procedure clinical photograph	Yes
e. Discharge Summary	Yes

5. Dilation and Evacuation

Dilation and Evacuation (D&E) - Dilation and Evacuation (D&E) - SO019A

Mandatory document	Dilation & Evacuation
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indications, and advice for admission	Yes
Ultrasound report for establishing the diagnosis	Yes
Rh ABO blood grouping	Yes
Complete blood count	Yes
Serum HCG levels (for hydatidiform mole)	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Detailed operative/ procedure notes	Yes
Investigation reports (if required)	Yes
Histopathology report of evacuated tissue (optional), however in certain conditions such as molar pregnancy or any other suspected pathology it should be available	Yes
Detailed Discharge Summary	Yes

6. Displaced Clavicle Fracture - SB017A

Mandatory document	Displaced Clavicle Fracture
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) confirming the diagnosis	Yes
ii. At the time of claim submission	

a. Detailed Indoor case papers (ICPs)	Yes
b. Did the Post-procedure X-ray labelled with patient ID, date and side (Left/ Right) showing implant?	Yes
c. Post-procedure clinical photographs	Yes
d. Detailed procedure / Operative Notes	Yes
e. Invoice/barcode of Implant used	Yes
f. Discharge summary with follow-up advise at the time of discharge	Yes

7. Dural Arteriovenous Fistula

Dural AVMs / AVFs - Dural AVFs (per sitting) with glue - IN001B
Dural AVMs / AVFs - Dural AVFs (per sitting) with onyx - IN001D

Mandatory document	Dural AVFs (per sitting) with glue	Dural AVFs (per sitting) with onyx
i. At the time of Pre-authorization		
Clinical notes including evaluation findings, indication of procedure, and planned line of treatment	Yes	Yes
CT/MRI Brain/Spine / Digital Subtraction Angiography	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 (optional)	Yes	Yes
Post procedure Check Angiogram	Yes	Yes
Invoice/barcode of onyx/glue used	Yes	Yes
Detailed discharge summary	Yes	Yes

8. Dural Arteriovenous Malformation

Dural AVMs / AVFs - Dural AVMs (per sitting) with glue - IN001A

Dural AVMs / AVFs - Dural AVMs (per sitting) with onyx - IN001C

Mandatory document	Dural AVMs (per sitting) with glue	Dural AVMs (per sitting) with onyx
i. At the time of Pre-authorization		
Clinical notes including evaluation findings, indication of procedure, and planned line of treatment	Yes	Yes
CT/MRI Brain/Spine	Yes	Yes
Digital Subtraction Angiography (DSA)	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 (optional)	Yes	Yes
Post procedure Check Angiogram	Yes	Yes
Invoice/barcode of onyx/glue used	Yes	Yes
Detailed discharge summary	Yes	Yes

9. Fracture - Conservative Management - Without plaster - SB001A

Mandatory document	Fracture - Conservative Management
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation	Yes

findings, indication for procedure, planned line of management and advice for admission	
b. X-ray of affected part labelled with patient ID, date and side (Left/ Right)	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. Detailed Discharge summary	Yes

10. Fracture –Single & Both Bones-Forearm -ORIF-Plating, Nailing

Fracture –Single & Both Bones-Forearm -ORIF-Plating, Nailing - SB013A

Fracture - Both Bones - Forearm - ORIF - Plating, Nailing - SB014B

Mandatory document	Fracture – Single & Both Bones – Forearm ORIF
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) – confirming the diagnosis	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) –Showing implant	Yes
c. Post procedure clinical photograph	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Invoice/barcode of Implant used	Yes
f. Detailed Discharge summary	Yes

11. Fracture Condyle - Humerus – Open reduction and internal fixation (ORIF)

Fracture Condyle - Humerus – Open reduction and internal fixation (ORIF) - Lateral Condyle - SB015A

Fracture Condyle - Humerus – ORIF - Medial Condyle - SB015B

Mandatory document	Fracture Condyle - Humerus - ORIF
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) – confirming the diagnosis	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) –Showing implant	Yes
c. Post procedure clinical photograph	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Invoice or barcode of Implant used (optional)	Yes
f. Detailed Discharge summary	Yes

12. Fracture Neck Femur and Hemiarthroplasty

Fracture - Neck Femur - Closed Reduction and Percutaneous Screw Fixation - SB019A

Fracture – Neck Femur - Intertrochanteric Fracture with Dynamic Hip Screw - SB019B

Fracture - Neck Femur - Intertrochanteric Fracture with Proximal Femoral Nail - SB019C

Hemiarthroplasty – Unipolar - SB031A

Hemiarthroplasty - Bipolar (Non - Modular) - SB031B

Hemiarthroplasty - Bipolar (Modular) - SB031C

Mandatory document	Fracture Neck Femur / Hemiarthroplasty
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and	Yes

advice for admission	
b. Clinical photograph of affected part	Yes
c. X-ray/CT (Hemiarthroplasty) labelled with patient ID, date and side (Left/ Right) affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Procedure / operation notes	
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) affected	Yes
d. Invoice and bar code of Implant	Yes
e. Post Procedure clinical photograph	Yes
f. Discharge summary with follow-up advise at the time of discharge	Yes

13. Hospitalization for Antenatal Complications

Hospitalization for Antenatal Complications - SO046A

Mandatory document	Hospitalization for Antenatal Complications
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, planned line for management, and advice for admission	Yes
Blood pressure documentation	Yes
Complete Blood Count	Yes
Urine routine and microscopic examination	Yes
Blood glucose	Yes
USG Abdomen/pelvis	Yes
Oral Glucose Tolerance Test (OGTT)	Yes
Optional	Yes
<ul style="list-style-type: none"> • Peripheral Blood Film • USG for placental localization • Blood culture • Bleeding Time / Clotting Time / Coagulation profile • Doppler for fetal well being • Liver Function Test • Kidney Function Test • Hemoglobin A1c test (HbA1c) • Fasting blood sugar (FBS) • Post Prandial blood sugar (PLBS) • ABO Rh blood group • Chest X-ray 	

<ul style="list-style-type: none"> • 2D ECHO • Arterial blood gas (ABG) analysis • Ammonia level • Thyroid profile • Pulmonary function test • Spirometry • Duplex ultrasound • TORCH profile 	
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Investigation reports (if done)	Yes
Detailed operative/procedure notes, if applicable	Yes
Blood transfusion notes, if given	Yes
Detailed Discharge Summary	Yes

14. Internal Fixation of Small Bones - SB008A

Mandatory document	Internal Fixation of Small Bones
i. At the time of Pre-authorization	
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes
b. X-ray labelled with patient ID, date and side (Left/ Right) – confirming the diagnosis	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) showing implant	Yes
c. Were Post-operative photographs submitted?	Yes
d. Are the detailed procedure / Operative Notes available?	Yes
e. Invoice of Implant used	Yes
f. Is the Discharge summary with follow-up advise at the time of discharge?	Yes

15. Intrauterine Transfusions

Intrauterine Transfusions - SO021A

Mandatory documents	Intrauterine Transfusions
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line for treatment and advice for admission	Yes
Ultrasound report for foetal signs of haemolytic disease & gestation age	Yes
Complete blood count (CBC) (Hemoglobin)	Yes
ABO Rh of both partners	Yes
Indirect Coomb`s test and titre	Yes
Color Doppler study of MCA-PSV	Yes
Optional Urine routine, microscopic complete examination	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Fetal blood sampling/cordocentesis	Yes
Foetal blood haematocrit and MCA-PSV post transfusion (optional)	Yes
Blood transfusion notes (if required)	Yes
Detailed Discharge Summary	Yes

16. Laparoscopic Surgery for Endometriosis

Laparoscopic Surgery for Endometriosis (Other than Hysterectomy) - SO015A

Mandatory document	Laparoscopic Surgery for Endometriosis
i. At the time of Pre-authorization	
Detailed clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line of treatment, advice for admission	Yes
USG Abdomen/pelvis	Yes
Optional <ul style="list-style-type: none"> • MRI / CT Scan • Cystoscopy: urinary symptoms • Sigmoidoscopy: rectal symptoms • CA 125 • Color Doppler • Diagnostic laparoscopy 	Yes
ii. At the time of claim submission	

Detailed Indoor Case Papers (ICPs)	Yes
Investigation reports (if required)	Yes
Detailed Procedure / operative notes	Yes
Photograph of the gross specimen removed (optional)	Yes
Histopathology examination report	Yes
Detailed discharge summary	Yes

17. Laparoscopic tubal surgeries

Laparoscopic tubal surgeries (for any indication including ectopic pregnancy) - SO003A

Mandatory document	Laparoscopic tubal surgeries (for any indication including ectopic pregnancy)
i. At the time of Pre-authorization	
Detailed Clinical notes with history, symptoms, signs, examination findings, indication for procedure, planned line of treatment, and advice for admission	Yes
Serum Beta human chorionic gonadotropin (hCG) titers	Yes
USG abdomen/pelvis	Yes
Optional Culdocentesis – if ultrasound facility is not available (blood collection in pouch of douglas) Complete blood count Liver and Renal function tests	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Serum Beta hCG level (in case of ectopic pregnancy)	Yes
Histopathological Examination	Yes
USG abdomen/pelvis (optional)	Yes
Blood transfusion notes (if blood transfusion was given)	Yes
Detailed Discharge Summary	Yes

18. Nerve Repair Surgery, Exploration and Ulnar nerve Repair, Nerve root block

Nerve Repair Surgery - SB067A

Nerve root block - SB068A

Exploration and Ulnar nerve Repair - SB069A

Mandatory document	Nerve Repair Surgery	Nerve root block	Exploration and Ulnar nerve Repair
i. At the time of Pre-authorization			
a. Clinical notes with history, signs, symptoms, evaluation findings, indication for procedure, planned line of management and advice for admission	Yes	Yes	Yes
b. MRI / EMG/ NCV report to confirm the diagnosis	Yes	No	No
c. X-ray of affected part labelled with patient ID, date and side (Left/ Right)	No	Yes	No
d. Radiological investigations confirming the need of surgery; +/- NCV report	No	No	Yes
ii. At the time of claim submission			
a. Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
b. Post Procedure clinical photograph	Yes	Yes	Yes
c. Detailed procedure / Operative Notes	Yes	Yes	Yes
d. Discharge summary with follow-up advise at the time of discharge	Yes	Yes	Yes

19. Parent vessel occlusion**Parent vessel occlusion – Basic - IN009A**

Mandatory document	Parent vessel occlusion
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of treatment	Yes
Digital Subtraction Angiography (DSA)	Yes
CT/MRI Brain	Yes
Balloon test occlusion (BTO)	Yes
Optional Wada/Amlytal test	Yes
ii. At the time of claim submission	

Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-procedure photograph stills (optional)	Yes
Clinical Evaluation of the brain function during the procedure (Intra-operative monitoring documentation)	Yes
EEG (Electroencephalogram) monitoring during the procedure	Yes
Intraoperative angiography report	Yes
Embolic agent details (invoice/barcode)	Yes
Detailed discharge summary	Yes

20. Pre-operative tumor embolization

Pre-operative tumour embolization (per session) - IN005A

Mandatory document	Pre-operative tumor embolization
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for embolization, and planned line of treatment	Yes
CT/MRI Brain / Digital Subtraction Angiography (DSA)	Yes
Complete blood count, Prothrombin Time (PT)/ International Normalized ratio (INR)	Yes
Optional	Yes
Balloon test occlusion (BTO)	
Histopathological Examination report	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-procedure photograph stills (optional)	Yes
Intra-procedural MR/CT angiography (optional)	Yes
Clinical Evaluation of the brain function during the procedure (Intra-operative monitoring documentation)	Yes
Intra-operative monitoring (Optional)	Yes
Electroencephalography (EEG) Provocative testing (Amytal/WADA)	
Post-procedural DSA	Yes
Embolic agent details (invoice/barcode)	Yes
Detailed discharge summary	Yes

Yours faithfully,

DR. BIJOY E, JD(MED) SHA, O/o Med SHA