

02.02.2021

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 16 (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 16th set of 30 STGs and make live in the PM-JAY KASP IT system by 02.02.2021.

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

STG Procedures – Mandatory Documents

**1. Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass
Aortic Arch Replacement using bypass - SV015A**

Mandatory document	Aortic Arch replacement using bypass
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication of graft requirement, and planned line of management	Yes
b. CXR Chest	Yes
c. ECG (Electrocardiogram)	Yes
d. 2DECHO	Yes
e. CT/MRI	Yes
f. Optional Duplex scan Angiography	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative notes	Yes
c. Intraoperative neurologic monitoring if applicable	Yes

d. Graft details - barcode/invoice (if artificial graft used)	Yes
e. Post-op investigations CT angiography (Optional)	Yes
f. Detailed Discharge Summary	Yes

2. Arteriovenous Malformations (AVM)

Arteriovenous malformation (AVM) excision – Intracranial - SN025A

Arteriovenous malformation (AVM) excision - Intraspinal -SN025B

Arteriovenous malformation (AVM) excision – Scalp - SN025C

Gamma Knife radiosurgery (GKRS) / SRS for tumors / Arteriovenous malformation (AVM) - SN054A

Mandatory document	Intracranial AVM	Spinal AVM	Scalp AVM	Gamma Knife radiosurgery (GKRS) / SRS for tumors / AVM
i. At the time of Pre-authorization				
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes	Yes	Yes	Yes
CT/MRI Brain/Spine	Yes	Yes	Yes	Yes
Angiography	Yes	Yes	Yes	Yes
Indication documented for GKRS/SRS treatment	--	--	--	Yes
ii. At the time of claim submission				
Detailed Indoor case papers (ICPs)	Yes	Yes	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes	Yes	Yes
Detailed discharge summary	Yes	Yes	Yes	Yes

3. Cerebral and Spinal Arteriovenous Malformations

Cerebral & Spinal AVM embolization - Using Histoacryl (per sitting) -

Cerebral AVM embolization

- Using Histoacryl (per sitting) - IN002A

Cerebral & Spinal AVM embolization - Using Histoacryl (per sitting) - Spinal AVM embolization -

Using Histoacryl (per sitting) - IN002B

Mandatory document	Cerebra l AVM emboliz ation	Spina l AVM embol izatio n
i. At the time of Pre-authorization		
Clinical notes including neurological evaluation findings and planned line of treatment	Yes	Yes
CT/MRI Brain/Spine	Yes	Yes
Digital Subtraction Angiography (DSA)	Yes	Yes
Complete Blood Count, Creatinine, Prothrombin time (PT)/ INR	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
Embolization material details	Yes	Yes
Detailed discharge summary	Yes	Yes

4. Cervical disc disease

Posterior Cervical Discectomy without implant - Posterior Cervical Discectomy without implant - SN028A

Posterior Cervical Fusion with implant (Lateral mass fixation) - Posterior Cervical Fusion with implant (Lateral mass fixation) - SN029A

Cervical Disc Multiple level without Fusion - Cervical Disc Multiple level without Fusion - SN030A

Micro discectomy – Cervical - SN036A

Mandatory document	Posterior Cervical Discectomy without implant / Cervical Disc Multiple level without Fusion / Microdiscectomy (Cervical)	Posterior Cervical Fusion with implant (Lateral mass fixation)
i. At the time of Pre-		

authorization		
Clinical notes with evaluation findings, indication of procedure, and planned line of treatment	Yes	Yes
Clinical photograph	Yes	Yes
X-ray / MRI Cervical spine	Yes	Yes
Indication of implant requirement	--	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
Implant details (invoice/barcode)	--	Yes
Detailed discharge summary	Yes	Yes

5. Cranioplasty

Cranioplasty with Endogenous graft - SN002A
Cranioplasty with Exogenous graft - SN002B

Mandatory document	Cranioplasty with Endogenous graft	Cranioplasty with Exogenous graft
i. At the time of Pre-authorization		
a. Clinical Notes including evaluation findings, indication of procedure, and planned line of treatment	Yes	Yes
b. CT/ MRI report of skull	Yes	Yes
c. Indication of implant requirement	--	Yes
ii. At the time of claim submission		

a. Detailed Indoor case papers (ICPs)	Yes	Yes
b. Post Procedure X-ray with report of skull	Yes	Yes
c. Post Procedure clinical photograph/scar photo (optional)	Yes	Yes
d. Detailed Procedure/ Operative notes	Yes	Yes
e. Invoice/Barcode details of implant	No	Yes
f. Detailed discharge summary	Yes	Yes

6. Diagnostic Hysteroscopy and Hysteroscopic IUCD Removal

Diagnostic Hysteroscopy – With biopsy - SO016A

Diagnostic Hysteroscopy - Without biopsy - SO016B

Hysteroscopic IUCD Removal - Hysteroscopic IUCD Removal - SO017A

Mandatory document	Diagnostic Hysteroscopy (with biopsy)	Diagnostic Hysteroscopy (without biopsy)	Hysteroscopic IUCD Removal
i. At the time of Pre-authorization			
Detailed clinical notes with history, symptoms, signs, examination findings, indications, and advice for admission	Yes	Yes	Yes
Hemoglobin, Complete blood count	Yes	Yes	Yes
Urine complete examination (CUE)	Yes	Yes	Yes
USG abdomen/pelvis	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed Indoor Case Papers (ICPs)	Yes	Yes	Yes

Diagnostic hysteroscopy	Yes	Yes	--
Histopathology report	Yes	--	--
Photograph of removed IUCD	--	--	Yes
Detailed operative/ procedure notes	Yes	Yes	Yes
Detailed Discharge Summary	Yes	Yes	Yes

7. Diaphragmatic Repair

Diaphragmatic Repair - SV029A

Mandatory document	Diaphragmatic repair
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of implant requirement (if applicable), and planned line of management	Yes
Chest X ray AP/ Lateral	Yes
USG/ CECT Abdomen/Thorax	Yes
Optional Endoscopy Barium study	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed operative / procedure notes	Yes
Post-op Xray Chest/Abdomen report	Yes
Intra-operative photographs (optional)	Yes
Implant details (invoice/barcode) if applicable	Yes
FIR documentation (in case of trauma)	Yes
Detailed discharge summary	Yes

8. Excessive bleeding requiring re-exploration

Excessive bleeding requiring re-exploration - SV034A

Mandatory document	Excessive bleeding requiring re-exploration
i. At the time of Pre-authorization	
It's an emergency procedure, pre-auth can be submitted later after patient stabilization	
a. Clinical notes including previous surgery	Y

details, evaluation findings, and planned line of management	e s
b. Chest X-ray	Y e s
c. Optional Thromboelastography 2D ECHO	Y e s
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Y e s
b. Detailed Procedure / Operative notes	Y e s
c. Blood transfusion notes (if applicable)	Y e s
d. Detailed Discharge Summary	Y e s

9. Exstrophy Bladder repair including osteotomy

Exstrophy Bladder repair including osteotomy if needed, epispadias repair , ureteric reimplant, augmentation of bladder - Exstrophy Bladder repair including osteotomy if needed, epispadias repair, ureteric reimplant - SU051A

Mandatory document	Exstrophy Bladder repair including osteotomy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/CT/MRI confirming the diagnosis	Yes
c. Clinical Photograph of affected part	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Post Procedure Clinical Photograph of affected part	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed discharge summary	Yes

10. Hydatid cyst

Lung surgery including Thoracotomy - Hydatid cyst - SV023C

Mandatory document	H y d a t i d C y s t
i.At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Y e s
CT/MRI Chest	Y e s
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Y e s
Detailed Procedure / operative notes	Y e s
Intra-operative or specimen Photographs (optional)	Y e s
Histopathological examination	Y e s
Postoperative Chest X-ray or CT	Y e s
Detailed discharge summary	Y e s

11. Intercostal drainage management**Intercostal drainage Only - Intercostal drainage Only- SG077A**

Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy - Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy - SV028A

Mandatory documents	Intercostal drainage Only	Isolated Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy
i. At the time of Pre-authorization		
a. Clinical notes with evaluation findings, indication of procedure and planned line of management	Yes	Yes
b. Documentation of intercostal block, antibiotics, and physiotherapy as applicable	Optional	Yes
c. Chest X-Ray PA	Yes	Yes
d. Optional CT scan Ultrasound	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 Chest X-ray with reports	Yes	Yes
d. Detailed Discharge Summary	Yes	Yes

12. Lung cyst

Lung surgery including Thoracotomy - Lung cyst excision - SV023A

Mandatory document	Lung Cyst excision
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
HRCT Chest (High resolution contrast CT)	Yes
Optional Pulmonary function test (PFT) Lung biopsy Serum vascular endothelial growth factor-D (VEGF-D) Skin biopsy Genetic analysis	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Intra-operative or specimen Photographs (optional)	Yes
Histopathological examination	Yes
Postoperative Chest CT (Optional)	Yes
Detailed discharge summary	Yes

13. Nephrectomy - Partial or Hemi (for Benign conditions)

Nephrectomy Partial or Hemi – Open - SU004A
Nephrectomy Partial or Hemi - Lap. - SU004B

Mandatory document	Nephrectomy - Partial or Hemi
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. CT/MRI scan, IVP (for Open.) report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Intra operative Photograph	Yes
c. Histopathology report	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Detailed discharge summary	Yes

14. Nephrectomy (for Benign conditions)

Nephrectomy - For Benign pathology –Open - SU003A

Nephrectomy - For Benign pathology - Lap. - SU003B

Mandatory document	Nephrectomy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/CT scan, +/- FNAC/Biopsy /IVP (for Open.) confirming the need for surgery reports	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Intra operative Photograph	Yes
c. Post procedure X ray report	Yes
d. Histopathology report	Yes
e. Detailed Procedure / Operative Notes	Yes
f. Detailed discharge summary	Yes

15. Nephrostomy - Percutaneous ultrasound guided - SU008A

Mandatory document	Nephrostomy - Percutaneous ultrasound guided
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG report confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Detailed discharge summary	Yes

16. Nephroureterectomy (Benign)/ with cuff of bladder

- Nephro ureterectomy with cuff of bladder - SU011A**
- Nephro ureterectomy with cuff of bladder - SU011B**
- Nephro ureterectomy (Benign) - SU010A**
- Nephro ureterectomy (Benign) - SU010B**

Mandatory document	Nephroureterectomy with cuff of bladder, Nephroureterectomy (Benign)
i. At the time of Pre-authorization	

a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. CT/ CT-IVP/MRI/MR Urogram report confirming the need for surgery	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Intra operative Photograph	Yes
c. Histopathology report	Yes
d. Detailed Procedure / Operative Notes	Yes
e. Detailed discharge summary	Yes

17. Open Pyelolithotomy - Follow Up - SU039A

Mandatory document	Pyelolithotomy Open. Follow-up
i. At the time of Pre-authorization	
a. Clinical notes detailing signs and symptoms, previous surgery/procedure, follow-up visit details, advise for daycare procedure	Yes
b. Discharge summary of last pyelolithotomy Open. procedure performed	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. USG/Urine routine, Drugs prescribed	Yes

18. Perineal Urethrostomy without closure - SU069A

Mandatory document	Perineal Urethrostomy without closure
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line	Yes

of treatment	
b. Retrograde urethrography (RGU)/ Micturating Cystourethrogram (MCU) confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
a. Intra operative clinical photograph	Yes
b. Detailed procedure / operative Notes	Yes
c. Detailed discharge summary	Yes

19. Open simple prostatectomy for BPH+TURP-Transurethral Resection of the Prostate, BPH

Open simple prostatectomy for BPH - Open simple prostatectomy for BPH - SU077A

TURP-Transurethral Resection of the Prostate, BPH – Monopolar - SU080A

TURP-Transurethral Resection of the Prostate, BPH - SU080B

Mandatory document	Open Simple, Bipolar and Monopolar TURP.
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG with prostate size and Post Void Volume +/- PSA, +/- uroflowmetry report confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Histopathology report	Yes
a. Detailed Procedure / Operative Notes	Yes
b. Detailed discharge summary	Yes

20. Pulmonary Resection - SV024A

Mandatory document	Pulmonary resection
i. At the time of Pre-authorization	
a. Clinical notes with evaluation findings, indication of procedure, and planned line of management	Yes
b. Chest X-Ray / CT	Yes
c. Pulmonary function tests (Optional)	Yes
d. Predicted post-operative values (optional)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes

b. Detailed Procedure / Operative notes	Yes
c. Post procedure serial Chest X-ray until chest tube removal	Yes
d. Histopathological examination	Yes
e. Detailed Discharge Summary	Yes

21. Re-do sternotomy - SV033A

Mandatory document	Redo-sternotomy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, previous surgery details, and planned line of management	Yes
b. CT/MRI Chest / 2DECHO	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative notes	Yes
c. Post-op CT chest (optional)	Yes
d. Post-op Chest Xray / ECHO	Yes
e. Detailed Discharge Summary	Yes

22. Spinal Hematoma

Spine – Extradural Haematoma - SN039A

Spine - Extradural Haematoma with fixation - SN039B

Spine – Intradural Haematoma - SN040A

Spine - Intradural Haematoma with fixation - SN040B

Mandatory document	Spinal Extradural / Intradural Hematoma	Spinal Extradural / Intradural Hematoma (with fixation)
i. At the time of Pre-authorization		
Clinical notes with evaluation findings, indication of procedure, and planned line of management	Y e s	Y e s
Indication of implant requirement	- -	Y e s

CT/MRI Spine	Y e s	Y e s
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)	Y e s	Y e s
Detailed Procedure / operative notes	Y e s	Y e s
Post-op X-ray Spine	Y e s	Y e s
Post-operative photographs (optional)	Y e s	Y e s
Implant details (invoice/barcode)	- -	Y e s
Detailed discharge summary	Y e s	Y e s

23. Stress Urinary Incontinence

SO024A Trans - vaginal tape /Trans-obturator tape - Trans-vaginal tape-
SO024B Trans - vaginal tape /Trans-obturator tape - SO024B
Burch – Abdominal- SO043A
Burch- Laparoscopic - SO043B

Mandatory document	Trans - vaginal tape / Trans-obturator tape	Burch
i. At the time of Pre-authorization		
Detailed Clinical notes with history, indications, symptoms, signs, evaluation findings, planned line of management, and advice for admission	Yes	Y e s
Clinical diagnosis	Yes	Y e s
Optional	Yes	Y e

USG abdomen/pelvis Urine culture/Blood sugar in residual urine Urethroscopy Urodynamic studies		s
ii. At the time of claim submission		
Detailed Indoor Case Papers (ICPs)	Yes	Y e s
Investigation reports (if required)	Yes	Y e s
Detailed procedure/operative notes	Yes	Y e s
Detailed Discharge Summary	Yes	Y e s

24. Ureteric sampling

Ureteric sampling including cystoscopy, ureteric catheterization, retrograde pyelogram - SU036A

Mandatory document	Ureteric sampling
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. X-ray/USG/CT Scan report	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Histopathology report	Yes
c. Detailed Procedure / Operative	Yes
d. Detailed discharge summary	Yes

25. Ureterocele incision

Ureterocele incision including cystoscopy, ureteric catheterization, retrograde pyelogram - SU035A

Mandatory document	Ureterocele Incision
i. At the time of Pre-authorization	

a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/IVP/CT-IVP confirming the diagnosis	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Evidence of cystoscopy, ureteric catheterization, retrograde pyelogram	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed discharge summary	Yes

26. Ureterolithotomy

Open - SU018A

Lap. - SU018B

Mandatory document	Ureterolithotomy Open. & Lap.
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Intravenous urography (IVU)/ Non-contrast-enhanced CT/CT-IVP reports confirming the need for surgery	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Post procedure Imaging (X Ray/USG) showing stone removed	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Drugs Detailed discharge summary	Yes

27. Ureterolysis for retroperitoneal fibrosis

Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) – Open - SU026A

Ureterolysis for retroperitoneal fibrosis (with or without omental wrapping) - Lap. - SU026B

Mandatory document	Ureterolysis for retroperitoneal fibrosis
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. CT-IVP/ MRI Urogram report confirming the diagnosis	Yes
ii. At the time of claim submission	

a. Detailed Indoor case papers	Yes
b. Intra procedure still photograph	
a. Detailed Procedure / Operative Notes including details of omental wrapping if done	Yes
b. Detailed discharge summary	Yes

28. Ureteroscopy, Stone removal with lithotripsy

**Lower Ureter - SU014A
Upper Ureter - SU014B**

Mandatory document	Ureteroscopy + Stone removal with lithotripsy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. IVP / NCCT+ CT-IVP confirming the indication for the procedure	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Post procedure Imaging X Ray/USG showing stone is removed.	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed discharge summary	Yes

29. URSL / URSL Laser Follow Up

URSL / URSL - Laser - Follow Up - SU015A

Mandatory document	URSL Laser follow up
i. At the time of Pre-authorization	
a. Clinical notes detailing examination findings, previous surgery/procedure, follow-up visit details, investigations, advise for daycare procedure.	Yes
b. Discharge Summary of last admission for URSL Laser procedure	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure Imaging X Ray/USG	Yes
c. Urine routine report	Yes

30. Y V Plasty of Bladder Neck / Bladder Neck Reconstruction

Y V Plasty of Bladder Neck / Bladder Neck Reconstruction - SU053A

Mandatory document	Y V Plasty of Bladder Neck Reconstruction
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. Urethroscopy /Cystoscopy/USG reports confirming the need for surgery	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / Operative Notes	Yes
c. Detailed discharge summary	Yes

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