

To

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

Sub: SHA –KASP-PMJAY Scheme – Inclusion of Standard Treatment Guidelines 17 (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 17th set of 30 STGs and make live in the PM-JAY KASP IT system by 11.02.2021.

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

STG Procedures – Mandatory Documents

1. Advanced Neonatal Care Package

Package name	Procedures name	HB P 2.0 code
Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g or Babies of any birthweight with at least one of the following conditions: <ul style="list-style-type: none"> • Any condition requiring invasive ventilation longer than 24 hours • Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia <ul style="list-style-type: none"> • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages) • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis 	Advanced Neonatal Care Package: Babies with birthweight of 1200-1499 g or Babies of any birthweight with at least one of the following conditions: <ul style="list-style-type: none"> • Any condition requiring invasive ventilation longer than 24 hours • Hypoxic Ischemic encephalopathy requiring Therapeutic Hypothermia <ul style="list-style-type: none"> • Cardiac rhythm disorders needing intervention (the cost of cardiac surgery or implant will be covered under cardiac surgery packages) • Sepsis with complications such as meningitis or bone and joint infection, DIC or shock • Renal failure requiring dialysis 	MN004 A

<ul style="list-style-type: none"> Inborn errors of metabolism Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate 	<ul style="list-style-type: none"> Inborn errors of metabolism Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate 	
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Mandatory document	Advanced Neonatal Care Package
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of management	Yes
Babies with birthweight of 1200-1499 g	Yes
Mandatory Ballard scoring Birth weight Gestation age Respiratory support - Silverman score need for Surfactant/Chest X- ray/CPAP/MV Retinopathy of Prematurity (ROP) screening (can be discharged – First ROP screening venue/date should be documented on the discharge summary to be done before 30 days of age and <2kg weight) Neurosonogram Optional (based on Etiology) Total Parenteral Nutrition (TPN) – based on availability 2D ECHO (Patent Ductus Arteriosus) Need for NSG – ventricular dilatation Need for PDA closure - Paracetamol/Ibuprofen/Indomethacin X-ray erect abdomen, USG Abdomen, stool for occult blood (Necrotizing Enterocolitis) Septic screen (Sepsis) Total Serum Bilirubin (Jaundice) Complete Blood count (anemia of prematurity) Serum Calcium/Electrolytes/Alkaline Phosphatase /Parathyroid hormone – (osteopenia of prematurity) Caffeine administration – (Apnea of prematurity) GERD - (GERD study/barium swallow)	Yes

Hearing assessment Thyroid profile	
Any condition requiring invasive ventilation longer than 24 hours	Y e s
<u>Mandatory</u> Chest X-ray Arterial Blood Gas analysis Pre & post ductal saturation (pulse oximetry) Optional EEG <u>Septic screen 2DECHO</u>	
Hypoxic Ischemic encephalopathy (HIE) requiring Therapeutic Hypothermia Mandatory Complete blood count Electrolytes/Renal function test Coagulation profile Liver function test Arterial blood gases (ABG) Cranial Ultrasonography HIE scoring Optional Amplitude integrated electro-encephalography (aEEG) MRI Brain	Y e s
Cardiac rhythm disorders needing intervention Mandatory Electrocardiogram (ECG) (Continuous ECG monitoring – Recommended) Optional 2DECHO – if suspicion of underlying heart defect	Y e s
Sepsis with complications such as meningitis or bone and joint infection, DIC or shock Mandatory Chest X-ray Septic screen Blood Culture Based on etiology Cerebrospinal fluid (CSF) analysis - Meningitis Joint fluid analysis, X-ray and USG of the infected part - Bone or joint infection DIC or shock – Coagulation profile, procalcitonin	Y e s
Renal failure requiring dialysis Mandatory Serum Creatinine Urine Output Blood urea Serum electrolytes	Y e s
Arterial Blood Gas (ABG) Urine Sodium Urine Creatinine USG KUB region/Renal doppler Optional Voiding cysto-urethrography	
Inborn errors of Metabolism First line investigations 1. Complete blood count (neutropenia and thrombocytopenia seen in propionic and methylmalonic acidemia) 2. Arterial blood gas and electrolytes 3. Blood glucose 4. Plasma ammonia (normal values in newborn: 90 to 150 µg/dL)	

or 64 to 107 µmol/L) 5. Arterial blood lactate (normal values: 0.5-1.6 mmol/L) 6. Liver function tests 7. Urine ketones 8. Urine reducing substances 9. Serum uric acid (low in molybdenum cofactor deficiency) Second line investigations (ancillary and confirmatory tests) – Based on Etiology and availability 10. Gas chromatography mass spectrometry (GCMS) of urine 11. Plasma amino acids and acyl carnitine profile by tandem mass spectrometry (TMS) 12. High performance liquid chromatography (HPLC) 13. Lactate/pyruvate ratio: in cases with elevated lactate. 14. Urinary orotic acid 15. Enzyme assay 16. MRI 17. Magnetic resonance spectroscopy (MRS) 18. Electroencephalography (EEG) 19. Plasma very long chain fatty acid (VLCFA) levels 20. Mutation analysis when available 21. CSF amino acid analysis	
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ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Y e s
Investigations reports (if done)	Y e s
Detailed Procedure notes and indication (if any)	Y e s
Detailed discharge summary	Y e s

Package name	Procedure name	HBP 2.0 code
Ant. Ethmoidal / sphenopalatine artery ligation	Ant. Ethmoidal artery ligation - Open	SL014 A
Ant. Ethmoidal / sphenopalatine artery ligation	Ant. Ethmoidal artery ligation - Endoscopic	SL014 B
Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Open	SL014 C
Ant. Ethmoidal / sphenopalatine artery ligation	Sphenopalatine artery ligation - Endoscopic	SL014 D

2. **Ant. Ethmoidal / sphenopalatine artery ligation**

Mandatory document	Ant. Ethmoidal / sphenopalatine artery ligation
*If this procedure is performed in emergency ward, the preauthorization is not mandatory.	
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. Contrast Enhanced Computerized Tomography (CECT) Scan of nose and paranasal sinuses	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Intraoperative photograph (Optional)	Yes
c. Detailed procedure/Operative notes	Yes
d. Post procedure clinical photograph of the affected part (Optional)	Yes
e. Detailed discharge summary	Yes

3. **Aortic Aneurysm Repair**

Package name	Procedure name	HBP 2.0 code
Aortic Aneurysm Repair	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	SV016 A
Aortic Aneurysm Repair	Aortic Aneurysm Repair using Left Heart Bypass	SV016 B

Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	SV016 C
Aortic Aneurysm Repair	Aortic Aneurysm Repair without using Left Heart Bypass	SV016 D

Mandatory document	Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB)	Aortic Aneurysm Repair using left heart bypass	Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB)	Aortic Aneurysm Repair without using left heart bypass
i. At the time of Pre-authorization				
a. Clinical notes including evaluation findings, indication of graft requirement, and planned line of management	Yes	Yes	Yes	Yes
b. Electrocardiogram (ECG)	Yes	Yes	Yes	Yes
c. Chest X-ray	Yes	Yes	Yes	Yes
d. 2D ECHO	Yes	Yes	Yes	Yes
e. CT/MRI	Yes	Yes	Yes	Yes
f. Optional based on Etiology Transthoracic Echocardiogram (TTE) Coronary angiography Lung function test Serum Urea and creatinine Duplex scan Aortography	Yes	Yes	Yes	Yes
ii. At the time of				

claim submission				
a. Detailed Indoor case papers (ICPs)	Yes	Yes	Yes	Yes
b. Detailed Procedure / Operative notes	Yes	Yes	Yes	Yes
c. Graft details - barcode/invoice (if artificial graft used)	Yes	Yes	Yes	Yes
d. Post-op investigations • Chest X-ray / USG Chest/Abdomen • CT scan (optional)	Yes	Yes	Yes	Yes
e. Detailed Discharge Summary	Yes	Yes	Yes	Yes

4. Aortic Root Replacement Surgery

Package name	Procedure name	HBP 2.0 code
Aortic Root Replacement Surgery	Bentall procedure	SV014A
Aortic Root Replacement Surgery	Aortic Dissection	SV014B
Aortic Root Replacement Surgery	Aortic Aneurysm	SV014C
Aortic Root Replacement Surgery	Valve sparing root replacement	SV014D
Aortic Root Replacement Surgery	AVR + Root enlargement	SV014E

Mandatory document	Bentall procedure	Aortic Dissection	Aortic Aneurysm	Valve sparing root	AVR + Root enlargement

				replacement	
i. At the time of Pre-authorization					
Clinical notes including evaluation findings, indication of implant/graft requirement, and planned line of management	Yes	Yes	Yes	Yes	Yes
Chest Xray	Yes	Yes	Yes	Yes	Yes
Echo/Doppler report	Yes	Yes	Yes	Yes	Yes
CT/MRI/ Angiogram	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission					
Detailed Indoor case papers (ICPs)	Yes	Yes	Yes	Yes	Yes
Detailed Procedure / Operative notes	Yes	Yes	Yes	Yes	Yes
Post procedure stills of ECHO with report	Yes	Yes	Yes	Yes	Yes
Implant/Graft (if artificial graft is used) details - barcode/invoice	Yes	Yes	Yes	Yes	Yes
Detailed Discharge Summary	Yes	Yes	Yes	Yes	Yes

5. Aortoiliac Occlusive Disease

Package name	Procedure name	HBP 2.0 code
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto Iliac bypass - U/L	SV017A
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto femoral bypass - U/L	SV017B
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto Iliac bypass - B/L	SV017C
Aorto Iliac / Aorto femoral bypass (Uni and Bi)	Aorto femoral bypass - B/L	SV017D

Mandatory document	Aorto Iliac / Aorto femoral bypass (Uni and Bi)
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of graft requirement, and planned line of management	Yes
Duplex ultrasonography	Yes
Ankle-brachial index (ABI) test	Yes
MR/CT Angiography	Yes
Optional Prothrombin time (PT), Activated partial thromboplastin time (aPTT), and Platelet count	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / Operative notes	Yes
Post-operative Duplex Ultrasound	Yes
Graft details - barcode/invoice (if artificial graft used)	Yes
Detailed Discharge Summary	Yes

6. Basic Neonatal Care Package

Package name	Procedures name	HB P 2.0 code
Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: <ul style="list-style-type: none"> Any newborn needing feeding 	Basic neonatal care package: Babies that can be managed by side of mother in postnatal ward without requiring admission in SNCU/NICU: <ul style="list-style-type: none"> Any newborn needing feeding 	

support <ul style="list-style-type: none"> Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> o Birth asphyxia (need for positive pressure ventilation; no HIE) Moderate jaundice requiring phototherapy Large for dates (>97 percentile) Babies <ul style="list-style-type: none"> o Small for gestational age (less than 3rd centile) 	support <ul style="list-style-type: none"> Babies requiring closer monitoring or short-term care for conditions like: <ul style="list-style-type: none"> o Birth asphyxia (need for positive pressure ventilation; no HIE) Moderate jaundice requiring phototherapy Large for dates (>97 percentile) Babies <ul style="list-style-type: none"> o Small for gestational age (less than 3rd centile) 	MN001 A
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Mandatory document	Basic Neonatal Care Package
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of management	Yes
<u>Any newborn needing feeding support</u> Documentation of feeding difficulties Clinical photograph (in case orofacial deformities)	Yes
<u>Birth asphyxia (need for positive pressure ventilation; no HIE)</u> Mandatory Neonate resuscitation notes Indication for monitoring in postnatal ward Neonate vital monitoring Optional	Yes
Arterial cord blood analysis Blood sugar Complete blood count	
Moderate jaundice requiring phototherapy Mandatory Total serum bilirubin Blood group: Mother and baby Optional Hemoglobin, reticulocyte count, peripheral smear for evidence of hemolysis G6PD enzyme activity Direct Coomb`s test	Yes
Large for dates (>97 percentile) Babies Blood glucose Serum calcium Complete blood count Feeding monitoring Vitals monitoring	Yes
Small for gestation age (<3 percentile) Babies Blood glucose Serum calcium Complete blood count Feeding monitoring Vitals monitoring Optional Karyotyping report - If dysmorphic features present ± h/o	Yes

previous miscarriages	
ii. At the time of claim submission	
Indoor case papers (ICPs) / clinical notes	Yes
Investigations reports (if done)	Yes
Detailed Procedure notes and indication (if any)	Yes

7. Chronic Neonatal Care Package

Package name	Procedures name	HB P 2.0 code
Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	Chronic Care Package: If the baby requires stay beyond the upper limit of usual stay in Package no MN004A or MN005A for conditions like severe BPD requiring respiratory support, severe NEC requiring prolonged TPN support	MN006 A

Mandatory document	Chronic Neonatal Care Package
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of management	Yes
Necrotizing Enterocolitis Complete blood count Arterial Blood Gas (ABG) Analysis Serum Electrolytes Occult stool test Abdominal X-ray (AP & lateral decubitus) USG Abdomen	Yes
Bronchopulmonary dysplasia Chest X-ray	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Investigations reports (if done)	Yes
Detailed Procedure notes and indication (if any)	Yes
Detailed discharge summary	Yes

8. Clinic based therapeutic interventions of ENT

Package name	Procedure name	HBP 2.0 code
Clinic based therapeutic interventions of ENT	Turbinate reduction	SL035 A
Clinic based therapeutic interventions of ENT	Biopsy	SL035B
Clinic based therapeutic interventions of ENT	Intratympanic injections	SL035 C
Clinic based therapeutic interventions of ENT	Wide bore needle aspiration	SL035 D

Mandatory document	Clinic based therapeutic interventions of ENT
*If this procedure is performed in emergency ward, the preauthorization is not mandatory.	
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the day care procedure.	Yes
b. Nasoendoscopy/ radiology/ audiometry findings to justify the need for Procedure.	Yes
ii. At the time of claim submission	
a. Clinical notes detailing signs and symptoms, treatment given	Yes
b. Procedure note/ operative note	Yes
c. Post procedure clinical picture (biopsy, wide bore aspiration), endoscopy picture (IT reduction), radiology (optional, wide bore needle aspiration), audiology and radiology (IT injections)	Yes
d. Discharge summary report	Yes

9. Critical Care Neonatal Package

Package name	Procedures name	HB P 2.0 code
Critical Care Neonatal Package: Babies with birthweight of <1200 g	Critical Care Neonatal Package: Babies with birthweight of <1200 g	

<p align="center">or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Critical congenital heart disease Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included <p>in the package rate</p>	<p align="center">or</p> <p>Babies of any birthweight with at least one of the following conditions:</p> <ul style="list-style-type: none"> • Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) • Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes • Critical congenital heart disease Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included <p>in the package rate</p>	<p align="center">MN005 A</p>
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Mandatory document	Critical Care Neonatal Package
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of management	Yes
Babies with birthweight of <1200 g Mandatory Ballard scoring to determine maturity Birth weight Gestation age Respiratory support - Silverman score need for Surfactant/Chest X-ray/CPAP/MV Retinopathy of Prematurity (ROP) screening Neurosonogram Caffeine administration documentation Optional (based on Etiology) Total Parenteral Nutrition (TPN) – based on availability 2D ECHO (Patent Ductus Arteriosus) Need for NSG – ventricular dilatation Need for PDA closure – Paracetamol/Ibuprofen Abdominal X- ray (Necrotizing Enterocolitis) Septic screen (Sepsis) Total Serum Bilirubin (Jaundice) Complete Blood count (anemia of prematurity)	Yes
Serum Calcium/Electrolytes/Alkaline Phosphatase /Parathyroid hormone – (osteopenia of	

prematurity) Hearing assessment Thyroid profile	
Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO) Mandatory Chest X-ray while on conventional ventilator Arterial Base Gas (ABG) and settings while of conventional ventilator 2D ECHO (for iNO)	Yes
Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes Mandatory Chest X-ray Blood pressure Renal function test Liver Function test Serum lactate Arterial Blood Gas (ABG) Urine output Level of consciousness (Volpe`s score) Sepsis screen Need for inotropes Need for Mechanical Ventilation Optional Central venous pressure lactate dehydrogenase (LDH) Serum D-dimer Serum Ferritin Electroencephalogram (EEG) 2D ECHO (functional) Need for dialysis	Yes
Critical congenital heart disease Mandatory Pulse-oximetry screening 2D ECHO Optional Hyperoxia test Chest X-ray Electrocardiogram (ECG) Need for prostaglandin	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Babies with birthweight of <1200 g Birth weight documentation	Yes
<u>Severe Respiratory Failure requiring High Frequency Ventilation or inhaled Nitric Oxide (iNO)</u> Chest X-ray/ABG	Yes
<u>Multisystem failure requiring multiple organ support including mechanical ventilation and multiple inotropes</u> Documentation of Indication for requirement mechanical ventilation and multiple inotropes	
<u>Critical congenital heart disease</u> 2D ECHO report	Yes
Detailed Procedure notes and indication (if any)	Yes
Detailed discharge summary	Yes

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10. Ectopic Pregnancy

Package name	Procedure name	HBP 2.0 code
Medical management of ectopic pregnancy	Medical management of ectopic pregnancy	SO052A
Laparotomy for benign disorders	Ectopic	SO040A

Mandatory document	Laparotomy for benign disorders - Ectopic	Medical management of ectopic pregnancy
i. At the time of Pre-authorization		
Detailed Clinical notes with history, symptoms, signs, examination findings, planned line of treatment, and advice for admission	Y e s	Y e s
Indication of procedure documentation	Y e s	- -
Serum Beta human chorionic gonadotropin (hCG) titers	Y e s	Y e s
USG abdomen/pelvis	Y e s	Y e s
Optional Culdocentesis – if ultrasound facility is not available (blood collection in pouch of douglas) complete blood count, liver and renal function tests	Y e s	Y e s
ii. At the time of claim submission		
Detailed indoor case papers	Y e s	Y e s
Detailed operative/procedure notes	Y e s	- -
Serum Beta Hcg level follow-up for medical	-	Y

management	-	e s
Histopathological Examination	Y e s	- -
USG abdomen/pelvis (optional)	Y e s	Y e s
Blood transfusion notes (if blood transfusion was given)	Y e s	Y e s
Detailed Discharge Summary	Y e s	Y e s

11. Foreign Body Removal

Package name	Procedure name	HBP 2.0 code
Foreign Body Removal	Foreign Body Removal	SG098A

Mandatory document *If this procedure is performed in emergency ward, the preauthorization is not mandatory.	Foreign Body Removal
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the day care procedure.	Yes
b. X-ray report/ clinical picture of the affected part confirming the diagnosis and justify the procedure.	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Procedure note/ operative note	Yes
c. Post procedure clinical photograph/ relevant imaging study for pre and post procedure comparison	Yes
d. Detailed Discharge summary	Yes

12. High risk Newborn post discharge care package

Package name	Procedures name	HBP 2.0
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		code
High Risk Newborn Post Discharge Care Package (Protocol Driven)*	High Risk Newborn Post Discharge Care Package (Protocol Driven)	MN007A

Mandatory document	High risk Newborn Follow-up
i. At the time of Pre-authorization	
Discharge summary of the last admission	Yes
Clinical examination of the current visit	Yes
Any requirement of the investigation for the current visit (optional)	Yes
ii. At the time of claim submission	
Progress notes at the time of visit	Yes

13. Implant Removal under LA, Implant Removal under RA / GA

Package name	Procedure name	HBP 2.0 code
Implant Removal under LA	K - Wire	SB070A
Implant Removal under LA	Screw	SB070B
Implant Removal under RA / GA	Nail	SB071A
Implant Removal under RA / GA	Plate	SB071B

Mandatory document	Implant Removal under LA/RA/GA
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. X-ray 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. Post-op X-ray labelled with patient ID, date and side (Left/ Right) - confirm the removal of Implant	Yes
c. Detailed procedure / operative notes	Yes
d. Detailed discharge summary	Yes

14. Intensive Neonatal Care Package

Package name	Procedures name	HB P 2.0 code
<p>Intensive Neonatal Care Package Babies with birthweight 1500-1799 g or Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC) • Sepsis / pneumonia without complications • Hyperbilirubinemia requiring exchange transfusion • Seizures • Major congenital malformations (pre-surgical stabilization, not requiring ventilation) • Cholestasis significant enough requiring work up and in-hospital management • Congestive heart failure or shock <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>Intensive Neonatal Care Package Babies with birthweight 1500-1799 g or Babies of any birthweight and at least one of the following conditions:</p> <ul style="list-style-type: none"> • Need for mechanical ventilation for less than 24 hours or non-invasive respiratory support (CPAP, HFFNC) • Sepsis / pneumonia without complications • Hyperbilirubinemia requiring exchange transfusion • Seizures • Major congenital malformations (pre-surgical stabilization, not requiring ventilation) • Cholestasis significant enough requiring work up and in-hospital management • Congestive heart failure or shock <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>MN003 A</p>

Mandatory document	Intensive Neonatal Care Package
<p>i. At the time of Pre-authorization</p>	
<p>Clinical notes including evaluation findings and planned line of management</p>	<p>Yes</p>
<p><u>Babies with birthweight 1500-1799 g</u> Mandatory Birth weight Gestation age</p>	<p>Yes</p>

<p>Ballard scoring for determining maturity Respiratory support - Silverman score need for Surfactant/Chest X-ray/ CPAP/MV Retinopathy of Prematurity (ROP) screening (can be discharged – First ROP screening venue/date should be documented on the discharge summary to be done before 30 days of age and <2kg weight)</p> <p>Optional Caffeine administration – (Apnea of prematurity) Neurosonogram Blood sugar Serum Calcium Serum electrolytes Septic screen Total Serum Bilirubin 2D ECHO Hearing assessment Thyroid profile</p>	
<p><u>Need for mechanical ventilation for less than 24 hours or non- invasive respiratory support</u> Mandatory Pulse oximetry Chest X-Ray Arterial Blood Gas (ABG) analysis Optional Echocardiography Sepsis screen Blood glucose Electrolytes</p>	Yes
<p><u>Sepsis / pneumonia without complications</u> Chest X-ray Septic screen Optional</p>	Yes
<p><u>Blood Culture</u> Hyperbilirubinemia requiring exchange transfusion Mandatory Liver function test Coomb`s test (Direct) Complete blood count Blood grouping (mother and newborn) Hearing assessment (BERA) – can be discharged with documentation of BERA screening planned before 3 months age with venue/date Optional Neurosonogram G6PD enzyme activity</p>	Yes
<p>Seizures Mandatory Sr Electrolytes Blood Sugar Serum Calcium Septic Screen Cerebrospinal fluid (CSF) examination Neurosonogram Electroencephalogram (EEG) – based on availability Optional Ammonia Lactate Urine Reducing Substance Serum Magnesium Serum bilirubin (if icteric) Hematocrit (if plethoric and/or at risk for polycythemia) Blood Gas Analysis</p>	Yes

TORCH screen for congenital infections Work-up for inborn errors of metabolism CT/MRI Brain	
Major congenital malformations (pre-surgical stabilization, not requiring ventilation) Mandatory Clinical Examination Clinical photograph Optional Laboratory studies are guided by the clinical presentation – based on etiology Chest X-ray Erect Abdomen X-ray	Yes
Cholestasis significant enough requiring work up and in- hospital management Mandatory Liver Function test Thyroid profile Septic Screen USG Abdomen Urine for bile pigments HIDA scan (based on the availability) Optional MRI, CECT Abdomen	Yes
Congestive heart failure or shock Complete blood count Coagulation parameters (prothrombin time, activated partial thromboplastin time) Electrolytes, blood sugar, BUN/creatinine and urinalysis Functional Echocardiography Chest X-ray Electrocardiogram Neurosonogram Arterial Blood Gas (ABG) analysis Serum lactate Culture Cross matching and typing of blood	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Investigations reports (if done)	Yes
Detailed Procedure notes and indication (if any)	Yes
Detailed discharge summary	Yes

15. Intracranial Hematoma

Package name	Procedure name	HBP 2.0 code
Surgery for Haematoma - Intracranial	Head injuries	SN009A
Surgery for Haematoma - Intracranial	Hypertensive	SN009B
Surgery for Haematoma - Intracranial	Child - subdural	SN009C

Mandatory document	Intracranial Hematoma - Head injuries	Intracranial Hematoma – Hypertensive	Intracranial Hematoma – Child Subdural
i. At the time of Pre-authorization			
Clinical notes including evaluation findings, and planned line of management	Yes	Yes	Yes
Glasgow coma score (GCS)	Yes	Yes	--
Pediatric GCS (<2 years/>2 years)	--	--	Yes
Blood pressure monitoring	Yes	Yes	Yes
Fundus examination	Yes	Yes	Yes
Coagulation profile	Yes	Yes	Yes
CT/MRI Brain	Yes	Yes	Yes
Optional Intracranial Pressure Monitoring (ICP)	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes	Yes
Glasgow coma score (GCS)/ Pediatric GCS documentation	Yes	Yes	Yes
CT/MRI Brain (optional)	Yes	Yes	Yes
In case of accident FIR report (optional)	Yes	Yes	Yes
Detailed discharge summary	Yes	Yes	Yes

16. Nephrolithotomy & Follow-up

Package name	Procedure name	HBP 2.0 code
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Nephrolithotomy	Open	SU005A
Nephrolithotomy	Anatrophic	SU005B
Open Nephrolithotomy Follow Up	Open Nephrolithotomy Follow Up	SU006A

Mandatory document	Nephrolithotomy	Follow up
i. At the time of Pre-authorization		
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes	Yes
b. Intravenous pyelogram (IVP) / Non-contrast computed tomography (NCCT)/CT-IVP reports	Yes	No
c. Discharge Summary of last admission for Nephrolithotomy procedure	No	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers	Yes	Yes
b. Detailed Procedure / operation notes	Yes	Yes
c. Post procedure X Ray / USG KUB showing the stone removed	Yes	No
d. Urine routine	No	Yes
e. Detailed discharge summary	Yes	Yes

17. Urethrorectal fistula repair

Package name	Procedure name	HBP 2.0 code
Urethrorectal fistula repair	Urethrorectal fistula repair	SU076A

Mandatory document	Urethrorectal fistula repair
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. Cystoscopy + Sigmoidoscopy report	Yes
ii. At the time of claim submission	
a. Indoor case papers (ICPs)	Yes

b. Detailed Procedure / operative notes	Yes
c. Detailed discharge summary	Yes

18.Orchiopexy

Package name	Procedure name	HBP 2.0 code
Orchiopexy	Orchiopexy with laparoscopy	SU088A
Orchiopexy	Orchiopexy without laparoscopy - U/L	SU088B
Orchiopexy	Orchiopexy without laparoscopy - B/L	SU088C

Mandatory document	Orchio pexy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. USG abdomen confirming the need for laparoscopy in locating the testes	Yes
c. Clinical Photograph of the affected part	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers	Yes
b. Detailed Operative notes / procedure notes	Yes
c. Post-operative clinical photograph (optional)	Yes
d. Detailed Discharge Summary	Yes

19.Penectomy, Penile prosthesis insertion (For Benign Condition)

Package name	Procedure name	HBP 2.0 code
Penectomy	Partial Penectomy	SU082A
Penectomy	Total Penectomy + Perineal Urethrostomy	SU082B
Penile prosthesis insertion	Penile prosthesis insertion	SU085A

Mandatory document	Penectom y	Penile prosthesis insertion
i. At the time of Pre-authorisation		

a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes	Yes
b. Biopsy report	Yes	NA
c. Previous history of penectomy done	NA	Yes
ii. At the time of claim submission		
a. Detailed Indoor case papers	Yes	Yes
b. Detailed Procedure / operative notes	Yes	Yes
c. Barcode/invoice of the implant used	NA	Yes
d. Specimen submitted for Histopathology report	Yes	NA
e. Detailed discharge summary	Yes	Yes

20. Percutaneous -Fixation of Fracture-Elastic nailing for fracture fixation

Package name	Procedure name	HBP 2.0 code
Percutaneous - Fixation of Fracture	Percutaneous - Fixation of Fracture	SB006A
Elastic nailing for fracture fixation	Femur	SB007A
Elastic nailing for fracture fixation	Humerus	SB007B
Elastic nailing for fracture fixation	Forearm	SB007C

Mandatory document	Percutaneous - Fixation of Fracture / Elastic nailing for fracture fixation
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	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	Yes
b. Detailed procedure / operation notes	Yes
c. Post procedure X-ray labelled with patient ID, date and side (Left/ Right) - affected part	Yes
d. Invoice/barcode of Implant used(optional)?	Yes

e. Post Procedure clinical photograph(Optional)	Yes
f. Discharge Summary	Yes

21. Pyelolithotomy

Package name	Procedure name	HBP 2.0 code
Pyelolithotomy	Open	SU024A
Pyelolithotomy	Lap.	SU024B

Mandatory document	Pyelolithotomy Open. & Lap.
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management	Yes
b. Noncontrast head CT (NCCT) + CT Intravenous Pyelogram (CT IVP) confirming the indication	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / operative notes	Yes
c. Post procedure X Ray / USG KUB showing the stone removed	Yes
d. Detailed discharge summary	Yes

22. Shunt Surgery

Package name	Procedure name	HBP 2.0 code
Shunt Surgery	Ventriculo - peritoneal	SN022A
Shunt Surgery	Ventriculo - pleural	SN022B
Shunt Surgery	Ventriculo - atrial	SN022C
Shunt Surgery	Theco - peritoneal	SN022D

Mandatory document	Ventriculo - peritoneal Shunt Surgery	Ventriculo - pleural Shunt Surgery	Ventriculo - atrial Shunt Surgery	Theco - peritoneal Shunt Surgery
i. At the time of Pre-authorization				

a. Clinical Notes including evaluation findings and planned line of treatment	Yes	Yes	Yes	Yes
b. CT/ MRI report of brain	Yes	Yes	Yes	Yes
ii. At the time of claim submission				
a. Detailed Indoor Case Papers (ICPs)	Yes	Yes	Yes	Yes
b. Post Procedure clinical photograph/ Scar photograph	Optional	Optional	Optional	Optional
c. Detailed Procedure/ Operative notes	Yes	Yes	Yes	Yes
d. Detailed discharge summary	Yes	Yes	Yes	Yes

23. lateral & Advanced lateral skull base surgery (for benign conditions)

Package name	Procedure name	HBP 2.0 code
Lateral skull base procedures	Subtotal petrosectomy	SL031A
Lateral skull base procedures	Post-traumatic facial nerve decompression	SL031B
Lateral skull base procedures	CSF Otorrhoea repair	SL031C
Advanced lateral skull base surgery	Fisch approach	SL032A
Advanced lateral skull base surgery	Translabrynthine approach	SL032B
Advanced lateral skull base surgery	Transcochlear approach	SL032C
Advanced lateral skull base surgery	Temporal Bone resection	SL032D

Mandatory document	Skull base surgery
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i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure	Yes
b. CT/MRI/ biopsy to establish the indication and justify the surgery	Yes
c. Audiogram report justifying surgery (if applicable)	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers with daily vitals and line of treatment	Yes
b. Detailed Procedure / operative note	Yes
c. Histopathology report	Yes
d. Post procedure clinical photograph of the affected part	Yes
e. Detailed Discharge summary	Yes

24. Special Neonatal Care Package

Package name	Procedures name	HB P 2.0 code
Special Neonatal Care Package: Babies that required admission to SNCU or NICU: Babies admitted for short term care for conditions like: <ul style="list-style-type: none"> • Mild Respiratory Distress/tachypnea • Mild encephalopathy • Severe jaundice requiring intensive 	Special Neonatal Care Package: Babies that required admission to SNCU or NICU: Babies admitted for short term care for conditions like: <ul style="list-style-type: none"> • Mild Respiratory Distress/tachypnea • Mild encephalopathy • Severe jaundice requiring intensive 	MN002 A

<p>phototherapy</p> <ul style="list-style-type: none"> • Haemorrhagic disease of newborn • Unwell baby requiring monitoring • Some dehydration • Hypoglycaemia <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	<p>phototherapy</p> <ul style="list-style-type: none"> • Haemorrhagic disease of newborn • Unwell baby requiring monitoring • Some dehydration • Hypoglycaemia <p>Mother's stay and food in the hospital for breastfeeding, family centred care and (Kangaroo Mother Care) KMC is mandatory and included in the package rate</p>	
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Mandatory document	Special Newborn Care Package
i. At the time of Pre-authorization	
Clinical notes including evaluation findings and planned line of management	Y e s
<p>● Mild Respiratory Distress/tachypnea</p> <p>Mandatory (one or more) Chest X-ray Hemoglobin Blood sugar Sepsis screen Blood culture</p> <p>Optional 2DECHO Arterial Blood Gas (ABG) analysis</p>	Y e s
<p>● Mild encephalopathy</p> <p>Mandatory (one or more) Arterial Blood Gas (ABG)/Cord blood analysis Blood sugar Serum Electrolytes Serum Creatinine</p> <p>Optional Septic screen/CSF Analysis (Meningitis) Metabolic profile (for fatty acid defects)</p>	Y e s
<p>● Severe jaundice requiring intensive phototherapy Mandatory Liver function test Coomb's test (Direct) Hemoglobin, reticulocyte count, peripheral smear for evidence of hemolysis Blood grouping (mother and newborn)</p> <p>Optional Sepsis screen G6PD enzyme activity (for boys) Hearing assessment (BERA)</p>	Y e s
<p>● Haemorrhagic disease of newborn</p> <p>Mandatory Complete blood count Coagulation profile – Prothrombin Time, Activated Partial</p>	Y e s

Thromboplastin Time Sepsis screen Optional Liver Function Test D-Dimer test Ferritin		
PIVKA (vitamin K deficiency) Apt test USG skull/abdomen		
<ul style="list-style-type: none"> ● Unwell baby requiring monitoring Blood sugar Serum Calcium Sepsis screen Serum Electrolytes Abdominal girth Optional Neurosonogram 		Y e s
<ul style="list-style-type: none"> ● Some dehydration Clinical evaluation Serum electrolytes Urine analysis 		Y e s
<ul style="list-style-type: none"> ● Hypoglycaemia Mandatory Blood sugar Optional Sepsis screen 		
ii. At the time of claim submission		
Detailed Indoor case papers (ICPs)		Y e s
Investigations reports (if done)		Y e s
Detailed Procedure notes and indication (if any)		Y e s
Detailed discharge summary		Y e s

25. **Suprapubic Drainage – Closed, Trocar**

Package name	Procedure name	HBP 2.0 code
Suprapubic Drainage – Closed, Trocar	Suprapubic Drainage – Closed, Trocar	SU061A

Mandatory document	Suprapubic Drainage -
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	Closed / Trocar
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes
b. USG/CT confirming the diagnosis and need for the procedure	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Detailed Procedure / Operative Notes detailing how urine was drained.	Yes
c. Detailed discharge summary	Yes

26. Surgical Correction of Varicocele

Package name	Procedure Name	HBP 2.0 code
Surgical Correction of Varicocele	Non-Microsurgical	SU089A
Surgical Correction of Varicocele	Microsurgical	SU089B

Mandatory document	Non-Microsurgical	Microsurgical
i. At the time of Pre-authorization		
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure.	Yes	Yes
b. Ultrasound Imaging of the Scrotum	Yes	Yes
c. Is the EHCP have facilities for microsurgery?	No	Yes
ii. At the time of claim submission		
a. Detailed indoor case papers	Yes	Yes
b. Detailed Procedure / Operative notes submitted?	Yes	Yes
c. Detailed discharge summary submitted?	Yes	Yes

27. Thoracoabdominal Aneurysm

Package name	Procedure name	HBP 2.0 code
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Aortic Arch Replacement / Thoracoabdominal aneurysm Repair using bypass	Thoracoabdominal aneurysm Repair using bypass	SV015B
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Mandatory document	Thoracoabdominal aneurysm Repair using bypass
i. At the time of Pre-authorization	
Clinical notes including evaluation findings, indication of graft requirement, and planned line of management	Yes
Chest Xray	Yes
Electrocardiogram (ECG)	Yes
2D ECHO	Yes
Transthoracic Echocardiogram (TTE)	Yes
CT/MRI/ Angiography	Yes
Lung function test	Yes
Serum Urea and creatinine	Yes
Optional based on Etiology Coronary angiography Aortography Duplex scan	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs)	Yes
Detailed Procedure / Operative notes	Yes
Clinical Evaluation of the brain function during the procedure (Intra-operative monitoring documentation)	Yes
Intra-operative monitoring (optional) Near infrared spectroscopy (NIRS)	Yes
Electroencephalography (EEG) (optional)	Yes
Graft details - barcode/invoice (if artificial graft used)	Yes
Post-op investigations • Chest X-ray/2DECHO • CT scan (optional)	Yes
Detailed Discharge Summary	Yes

28. Transrectal Ultrasound guided prostate biopsy (minimum 12 core)

Package name	Procedure name	HBP 2.0 code

Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)	SU081A
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Mandatory document	Transrectal Ultrasound guided prostate biopsy (minimum 12 core)
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings, indication for procedure, and planned line of management, advise for the procedure	Yes
b. USG with prostate size and Post Void Volume establishing suspicion of malignancy	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Histopathology showing reporting of minimum 12 core samples of prostate. (As applicable)	Yes
c. Detailed Procedure / Operative Notes	Yes
d. Detailed discharge summary	Yes

29. Trigeminal Neuralgia

Package name	Procedure name	HBP 2.0 code
Neurectomy	Neurectomy	SN035A
Neurectomy	Neurectomy – Trigeminal	SN035B
R. F. Lesioning for Trigeminal Neuralgia	R. F. Lesioning for Trigeminal Neuralgia	SN044A
Stereotactic Lesioning	Stereotactic Lesioning	SN016A

Mandatory document	Neurectomy/Neurectomy - Trigeminal	R. F. Lesioning for Trigeminal Neuralgia	Stereotactic Lesioning
i. At the time of Pre-authorization			
Clinical notes	Yes	Yes	Yes

including clinical evaluation, indication of procedure, and planned line of management			
MRI Brain / MRI Angiography	Yes	Yes	Yes
ii. At the time of claim submission			
Detailed Indoor case papers (ICPs)	Yes	Yes	Yes
Detailed Procedure / operative notes	Yes	Yes	Yes
Intra-operative photographs (optional)	Yes	Yes	Yes
Detailed discharge summary	Yes	Yes	Yes

30. Open/Lap Ureterolithotomy- Follow Up

Package name	Procedure name	HBP 2.0 code
Open Ureterolithotomy- Follow Up	Open Ureterolithotomy Follow Up	SU020A
Lap Ureterolithotomy - Follow Up	Lap Ureterolithotomy Follow Up	SU019A

Mandatory document	Ureterolithotomy Follow up Open. & Lap.
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 Ureterolithotomy performed	Yes
ii. At the time of claim submission	
a. Detailed clinical notes of the current visit	Yes
b. Post procedure USG report	Yes
c. Urine Routine report	Yes

Yours faithfully,

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

Joint Director