

# Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana Standard Treatment Guidelines

(Guidance documents for processing  
Oncology packages under PM-JAY)



# The Team

## NHA

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- Dr Sandeep, TMH
- Subject Experts from TMH



# Aims & Objectives

## AIM:

- **Develop** guidelines for PM-JAY health benefit packages by **Adoption & Customisation** of Standard treatment workflow developed by National Cancer Grid (NCG), State Guidelines, Ministry guidelines and other Globally accepted standard treatment protocols as per the scheme's requirement

## Objectives:

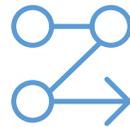
- **Aid in processing** of pre-authorisation & claims document
- **Prevention & control** of fraud and abuse
- **Provide quality care** to the patients
- **Guidance tool** for treating doctors, EHCPs, TPAs, ISAs, SHAs, medical auditors

# Background & process followed



## Package Mapping

AB PM-JAY Oncology  
package mapping  
with NCG guidelines



## STG Development

### Primary reference:

NCG

### Secondary Reference:

State guidelines,  
National,  
International  
guidelines



## Review & Approval

NCG review &  
approval

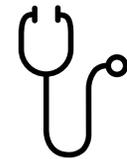


IT integration  
IT integration  
UAT testing



## State Feedback

National level  
workshop



## Finalization & Roll - out

Required updation  
Release in TMS

# Oncology STGs developed

## Guidelines covering relevant HBP2.0 Rad. / Surg. / Med. Oncology packages

Bone & Soft tissue tumor

Breast cancer

Gastrointestinal

Gynecological

Head & Neck

Leukemias and lymphomas

Neuro-oncology

Pediatric

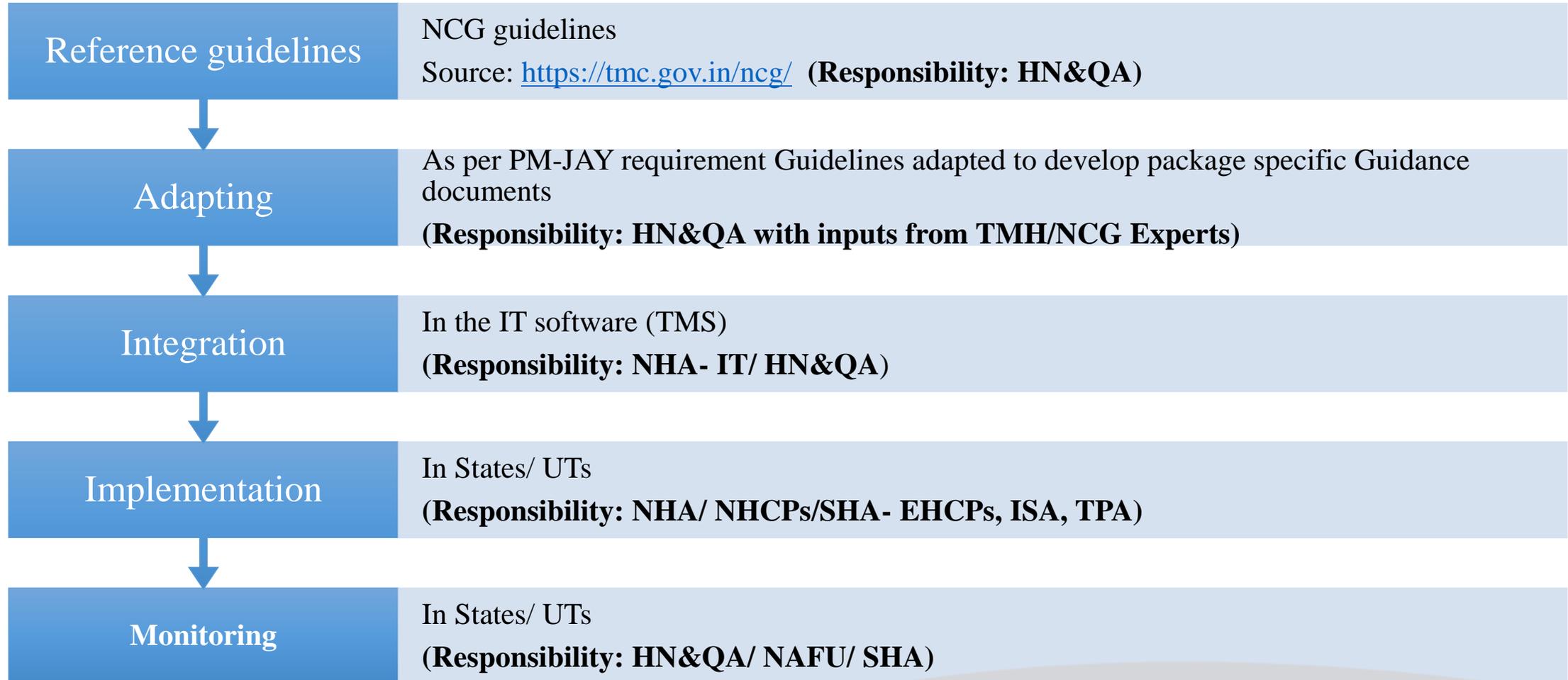
Thoracic

Urological

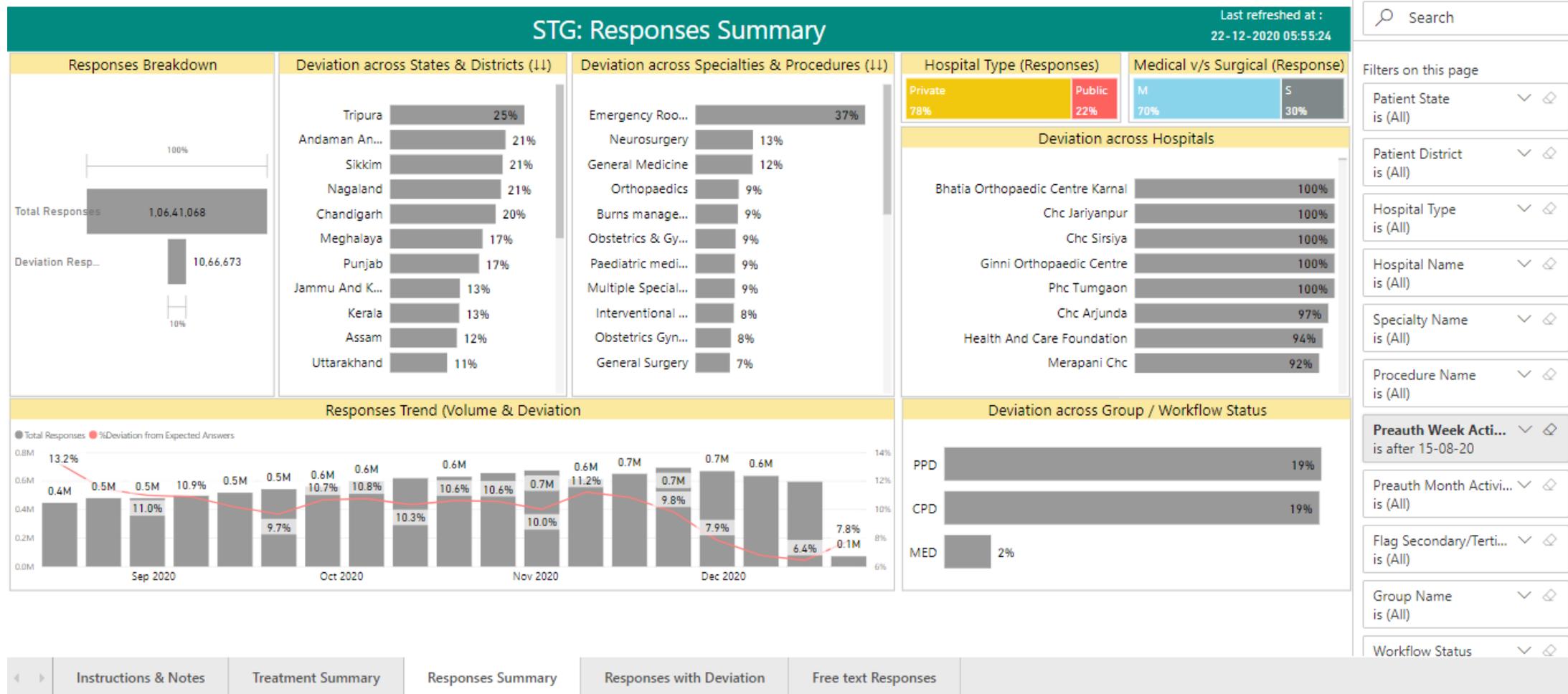
Miscellaneous



# Roles & Responsibilities



# Dashboard (for monitoring)





# Standard Treatment Guidelines (Structure)

- Specialty & Packages covered
- Min. qualifications of treating doctor
- Empanelment criteria
- Disclaimer
- Ref. NCG Guidelines
- Objectives
- TNM classification & Staging
- Medical Oncology
  - Packages covered
  - Mandatory documents (pre-auth & claims)
  - IT alerts
- Surgical Oncology
  - Packages covered
  - Mandatory documents (pre-auth & claims)
  - IT alerts
- Radiation Oncology
  - Commonly used RT protocols
  - Packages covered
  - Mandatory documents (pre-auth & claims)
  - IT alerts
- Acknowledgments



## Guidance document for processing PM-JAY packages for Breast Cancer

### Specialty & Packages covered:

Medical Oncology: 19

Surgical Oncology: 9

Radiation Oncology: 19

The supporting annexures provided may be referred for more details on procedures covered, indications, contraindications, mandatory document, etc.

### 1. Minimum qualification of the treating/operating doctor:

**Medical Oncology:** DM/ DNB (Medical Oncology)

MD /DNB Medicine with a minimum 2 years of training in Medical Oncology at a certified Centre (Fellowship in Medical Oncology)

**Surgical Oncology:**MS/ DNB (General Surgery) (An additional training in reconstructive and plastic surgery may be mandatory if whole breast reconstruction with microvascular procedure planned)

**Radiation Oncology:** MD/ DNB/ DMRT (Radiation Therapy)

### 2. Special empanelment criteria/linkages to empanelment module-

**Essential Medical Personnel:**

1. Radiation Oncologist

2. Medical physicist and Radiation Technologist



# Standard Treatment Guidelines (Medical oncology)

Procedure name	Dosage	Duration (Number of cycles)	Min duration between 2 cycles	HBP 2.0 code	TNM classification	Indications			Contraindications
						Staging	Other Indications	First line / Second line	
Cyclophosphamide + Epirubicin	Cyclophosphamide - 600 mg /m <sup>2</sup> D1 Epirubicin -90 mg/m <sup>2</sup> D1 every 21 days	minimum 4 cycles & maximum -6*	21 days	MO001A			Neoadjuvant/Adjuvant/Metastatic	Can be used 1 <sup>st</sup> OR Second line. usually only once	Cardiac dysfunction Left Ventricular Ejection Fraction (LVEF) <50%
Weekly Paclitaxel for Adjuvant Therapy/ Neoadjuvant	Paclitaxel 80mg/m <sup>2</sup> every week	maximum -12	7 days	MO001B	Any T Any N M1	Stage I, II, III, IV Stage IV	Adjuvant or Neoadjuvant therapy	In the adjuvant first line setting only once	
Mandatory documents						Triggers			
Procedure name	Pre-authorisation mandatory documents	Claims mandatory document	Special considerations			Follow-up care (Supportive care required eg. for Neutopenia, secondary infections or Growth Factors,etc.)	Markers (ER/ PR/ HER2)		
Cyclophosphamide + Epirubicin	CBC, LFT,RFT, Biopsy report or surgical pathology report of Modified radical mastectomy or breast conservation surgery, ECG, 2D-ECHO, USG abdomen and pelvis, CXR PA view or CECT chest+abdomen and pelvis in case of metastatic disease. OR Bone Scan	BAR CODE OF THE DRUGS, REPORTS OF THE TESTS (PATHOLOGY, RADIOLOGY, MICROBIOLOGY, HEMATOLOGY, BIOCHEMISTRY, ETC.) DISCHARGE SUMMARY OF INPATIENT DEPARTMENT, DISCHARGE SUMMARY OF DAY CARE DEPARTMENT, CHARTS OF CHEMOTHERAPY REGIMEN, TRANSFUSION SLIPS				Growth factors, febrile Neutropenia support as needed, ECG, 2D ECHO repeat after 3 -4 cycles			
Weekly Paclitaxel for Adjuvant Therapy/ Neoadjuvant	CBC, LFT,RFT, Biopsy report or surgical pathology report of Modified radical mastectomy or breast conservation surgery, USG abdomen and pelvis, CXR PA view or CECT chest+abdomen and pelvis in case of metastatic disease OR Bone Scan	BAR CODE OF THE DRUGS, REPORTS OF THE TESTS (PATHOLOGY, RADIOLOGY, MICROBIOLOGY, HEMATOLOGY, BIOCHEMISTRY, ETC.) DISCHARGE SUMMARY OF INPATIENT DEPARTMENT, DISCHARGE SUMMARY OF DAY CARE DEPARTMENT, CHARTS OF CHEMOTHERAPY REGIMEN, TRANSFUSION SLIPS					Any HER2 status/HER2 +ve		



# Standard Treatment Guidelines (Surgical oncology)

## Surgical Oncology- CA Breast

Package name	Procedure name	HBP 2.0 code	Chemo/ Radiation needed		Indications				Contraindications	Mandatory documents		Special considerations	Follow-up care	Triggers	
			Pre-Surgery	Post-surgery	TNM classification	Staging	Once in a life time regimen	Other Indications		Pre-authorization mandatory documents	Claims mandatory document			Tumour size	Markers (ER/ PR/ HER2)
Breast conserving surgery	Breast conserving surgery (lumpectomy + axillary surgery)	SC059A	Neoadjuvant Chemo (optional)	Adjuvant chemo + Radiation + Hormones (+/-), Trastuzumab (+/-)	T1 N1; T2 No, N1; T3 No, Any T Any N M0 (Except oligo M1)	Stage II upto stage III or Stage IV with oligo metastatic disease only	NA		Diffuse microcalcifications, Extensive Intraductal Component (EIC) with margin positive, poor patient compliance, previous breast or chest wall irradiation, relative contraindications are multicentricity and contraindication to radiotherapy e.g. collagen vascular disease	Clinical notes and Mammography, FNAC/ BIOPSY; CT/ MRI breast (optional), Metastatic work up (for Locally advanced Breast Cancer (LABC) only)	Detailed Procedure / Operative Notes, Histopathology Examination (HPE) report; detailed discharge summary		Atleast once every six month for clinical examination and bilateral mammography once every 18 months	Appropriate breast tumour ratio	Any ER , Any PgR any Her2 Neu



# Standard Treatment Guidelines (Radiation oncology)

Radiation Oncology																
Commonly used RT protocols for Breast cancer																
Breast Conserving surgery (BCS)	Whole breast RT+/-	40Gy/15 fractions/ 42.6Gy/16 fractions / 45Gy/20fr / 45-50Gy/25 fr														
	Regional nodes	12.5- 16Gy in 5-8 fractions														
	Tumor bed Boost doses	32-38Gy/8-10 fractions														
Modified Radical Mastectomy (MRM)	Partial breast RT	40Gy/15 fractions/ 42.6Gy/16 fractions / 45Gy/20fr / 45-50Gy/25 fr														
	Chestwall +/- Regional Nodes															
		Indications					Mandatory documents			Triggers						
Package name	Procedure name	HBP2.0 code	TNM classification	Staging	Other Indications	Contraindications	Pre-authorization mandatory documents	Claims mandatory document	Special considerations	Age	Tumour size	Margins (negative / positive)	Total node count	Markers (ER/ PR/ HER2)		
Linear Accelerator, External Beam Radiotherapy 3D CRT (6 Fractions) (Inclusive of Simulation & Planning Cost)	Adjuvant	MR004B	T1 N1; T2 No, N1; T3 No		Select cases of MRM; all cases of BCS	T1-2N0, post-mastectomy	HPE report, Clinical notes with planned line of treatment (documents confirming the Procedure indicated and details of RT treatment plan).	Detailed Discharge Summary (with RT treatment and doses given)	UK-FAST protocol of once a week 5 fraction RT can be considered for patients post BCS T1-2 NO pT≤ 3cm or for patients with high recurrence risk and severe comorbidities or social issues not allowing for daily treatment. Ultrahypofractionated RT with 5 daily fractions using UK-FAST Forward protocol can be used during the COVID pandemic but is otherwise not considered standard yet.	≥50years	<5 cm	negative	negative	any		



## Way forward

- Roll out of remaining Onco STGs
- Orientation and training of States/ UTs/ NHCPs. Developing online training module
- Review of feedback from States/ hospitals/ TPAs & ISA (through States)
- Monitoring adherence to these guidelines through data analytics & dashboard using IT platform
- Impact evaluation studies of using STGs on certain specific packages in selected States
- Integration of mandatory HBCR fields in the TMS for oncology cases
- Hosp. are requested to have cancer registry (NCDIR) and share required details

STGs: [https://pmjay.gov.in/standard\\_treatment\\_guidelines](https://pmjay.gov.in/standard_treatment_guidelines) (Guidelines, User Manuals, FAQs, Training videos)

STG dashboard user manual: <https://pmjay.gov.in/sites/default/files/2020-12/STG-Dashboard-User-Manual.pdf>

Please share your queries at : [stg.hnqa@nha.gov.in](mailto:stg.hnqa@nha.gov.in)

Looking forward to your support

