



Guidance document for processing PM-JAY packages

Floppy Infant

Procedures covered: 1

Specialty: Pediatric Medical Management

Package Name	Procedure Name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Floppy Infant	Floppy Infant	M200052	MP035A	General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/-

ALOS: 7-10 days

Minimum qualification of the treating doctor:

Essential: MD/DNB/DCH (Pediatric), DM/DNB/Equivalent (Neurology)

Special empanelment criteria/linkage to empanelment module: Care at a Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process for **Floppy Infant**, shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICAL AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Floppy Infant refers to those infants' children presenting with generalized hypotonia, most often arising out of an insult incurred during fetal or neonatal period. Infants can present with hypotonia that is due to central or peripheral nervous system abnormalities, myopathies, genetic disorders, endocrinopathies, metabolic diseases, and acute or chronic illness.

Causes:

- Infants: Paralytic (hereditary spinomuscular dystrophy etc.) and non-Paralytic
- Neonates: well neonate (spinal muscular atrophy, congenital muscular dystrophy) and sick neonates (CNS, infection, birth asphyxia, IVH, peroximal disorders etc.)
- Severe infections
- Central causes include hypoxic encephalopathy, brain anomalies/insults, genetic/chromosomal syndromes, congenital or acquired infections, and disorders of metabolism.
- Peripheral causes include spinal muscular atrophy, myasthenia gravis, drug/toxin exposure, hereditary neuropathies, muscular dystrophies, congenital/metabolic myopathies, and congenital myotonic dystrophies.

Common presentation:

- Feeding difficulties
- Respiratory problems
- Poor head control: head fall forward, backward or to the side
- Feeling limp, especially when u lift them
- Arms and hang legs straight
- Tongue fasciculations

Evaluation

A systematic approach to a child who has hypotonia, paying attention to the history and clinical examination, is paramount in localizing the problem to a specific region of the nervous system.

Diagnostic Yield

Method of Diagnosis	% Successfully Diagnosed
History and Physical Examination (Step 1)	50%
Family history	
Pregnancy and delivery	
Clinical and neurologic examination	
Imaging Study (CT or MRI/MRS) (Step 2)	13%
Clinical Genetic Evaluation (Step 3)	9%
Genetic Testing (Step 4)	6%
Karyotype, FISH, CGH	
Biochemical Evaluation (Step 5)	6%
Amino acids, organic acids, peroxisomes, carnitine, CDG test	
Neuromuscular Testing (Step 6)	6%
CK, EMG, NCV, DNA for SMA and CMD, muscle biopsy	
Follow-up Testing	7%
Some tests repeated/Further tests	

CK=creatin kinase, CMD=congenital muscular dystrophy, CDG=congenital disorder of glycosylation, CGH=comparative genomic hybridization, CT=computed tomography scan, EMG=electromyography, FISH=fluorescence in situ hybridization, MRI=magnetic resonance imaging, MRS=magnetic resonance spectroscopy, NCV=nerve conduction velocity, SMA=spinal muscular atrophy.
Adapted from Paro-Panjan D, Neubauer D. Congenital hypotonia: is there an algorithm? *J Child Neurol*. 2004;19:439–442

Peredo, D. E., & Hannibal, M. C. (2009). *The Floppy Infant: Evaluation of Hypotonia*. *Pediatrics in Review*, 30(9), e66–e76. doi:10.1542/pir.30-9-e66

Investigation:

- CT or MRI
- Neurosonogram
- Muscle and nerve biopsy
- Electromyography (EMG)
- Electroencephalogram (EEG)
- X-Ray (chest or limb etc.)
- Spinal tap
- Blood culture

Management

In general, the treatment is supportive and most of the time takes precedence over finding the underlying cause. It is tailored to the symptoms of the infant and may depend on the underlying cause. An interprofessional team approach leads to better outcomes for patients. Rehabilitation, nutritional, and respiratory support must be provided.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Floppy Infant
i. At the time of Pre-authorization	
Clinical notes including history, evaluation findings, and planned line of management	Yes
Based on Etiology CT or MRI Neurosonogram Muscle and nerve biopsy Electromyography (EMG) Electroencephalogram (EEG) X-Ray (chest or limb etc.) Spinal tap Blood culture Genetic testing Metabolic profile	Yes
ii. At the time of claim submission	
Detailed Indoor Case Papers mentioning the treatment details	Yes



Investigation reports (if required)	Yes
Detailed Discharge Summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:
Floppy Infant:

- I. Was the clinical presentation, evaluation findings \pm suggestive of diagnosis of a floppy infant? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

Reference

1. Keigman, ST Geme, Shah, Tasker, Blum. Nelson's Textbook of Pediatric. Elsevier. 21st Edition
2. Peredo, D. E., & Hannibal, M. C. (2009). *The Floppy Infant: Evaluation of Hypotonia. Pediatrics in Review, 30(9), e66–e76.* doi:10.1542/pir.30-9-e66
3. Hartley, L., & Ranjan, R. (2015). *Evaluation of the floppy infant. Paediatrics and Child Health, 25(11), 498–504.* doi:10.1016/j.paed.2015.07.004
4. Madhok SS, Shabbir N. Hypotonia. [Updated 2020 Sep 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK562209/>
5. Ahmed MI, Iqbal M, Hussain N. A structured approach to the assessment of a floppy neonate. *J Pediatr Neurosci.* 2016;11(1):2-6. doi:10.4103/1817-1745.181250