



Guidance Document for processing PM-JAY packages

Muscle Biopsy

Procedure count: 1

Specialty: Neurosurgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price	ALOS
Muscle Biopsy with report	Muscle Biopsy with report	S800074	SN051A	7,000	1 day

Minimum qualification of the treating doctor:

Essential: MS/DNB/Equivalent (Neurosurgery)

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

Disclaimer:

For monitoring and administering the claim management process of **Muscle Biopsy with report**, NHA 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 the ICMR poster and other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this document 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:

Muscle biopsy is an important tool for the evaluation and diagnosis of patients presenting to clinic with acute or progressive weakness who are suspected of having an underlying neuromuscular disorder. Alongside the clinical examination, electrodiagnostic, laboratory and molecular genetic testing, muscle biopsy has a critical role, providing diagnostic evidence that either establishes a disease etiology or focuses the differential diagnosis. For example, in the setting of rapidly progressive muscle weakness, a muscle biopsy is the most expeditious diagnostic study to allow the clinician to distinguish between a necrotizing, metabolic or



inflammatory myopathy and facilitate rapid, appropriate therapeutic management. Or, as in the case of a young boy who presents with progressive proximal weakness and hyperckemia, and whose genetic tests do not confirm a dystrophinopathy, immunohistochemical staining on the muscle biopsy specimen can often identify the pathologic protein defect and pave the way for genetic confirmation of the disease.

The muscle biopsy itself is a fairly straight forward procedure with little risk. However, to get the full benefit of the procedure several experts need to be involved, including a surgeon, processing laboratory and pathologist which requires planning. Different from biopsies of other organs for which simple preservation in formalin is the routine procedure, a successful muscle biopsy requires optimal cryo-processing of the fresh specimen in order to preserve viable macromolecules for enzyme histochemistry and metabolic assays. Therefore, the ordering physician must orchestrate the collection, packaging, and processing of tissues to ensure the desired testing can be performed, and to avoid the need for a repeat procedure due to limited, inappropriate or poor sample quality. To this end, it is important that the ordering clinician is familiar with the procedure, knows the common pitfalls, and understands what each member of the team requires to provide an optimal outcome. Muscles traditionally chosen for biopsy include the deltoid, biceps, and quadriceps.

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	Muscle Biopsy with report
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indication of procedure and planned line of management	Yes
b. Electromyography (EMG) report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Histopathological report of muscle biopsy	Yes
c. Post Procedure clinical photograph/scar photo	Optional
d. Detailed Procedure/ Operative notes	Yes
e. Detailed discharge summary	Yes



PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- a. Clinical notes - detailed history, signs & symptoms, planned line of management, indication for procedure, and advice for admission?
- b. Was Electromyography (EMG) report of patient submitted?

2.2.2 At the time of claim processing- For claims processing doctor (CPD):

- a. Were detailed Indoor Case Papers (ICPs) submitted?
- b. Are the detailed procedure / Operative Notes available?
- c. Post-operative photographs submitted (optional)?
- d. Was the histopathological report of muscle biopsy submitted?
- e. Is the Discharge summary with follow-up advice at the time of discharge?

PART III: GUIDELINES FOR IT

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:

- I. Was the Electromyography (EMG) report indicative of procedure? Yes

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

References

1. Joyce NC, Oskarsson B, Jin LW. Muscle biopsy evaluation in neuromuscular disorders. *Phys Med Rehabil Clin N Am.* 2012;23(3):609-631.