Guidance document for processing PM-JAY packages

Neuromuscular disorders

Procedures covered: 1

Specialty: General Medicine, Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Neuromuscular disorders	Neuromuscular disorders	M100040, M200054	MG056A	General Ward- 1,800 HDU – 2,700 ICU without ventilator– 3,600 ICU with Ventilator– 4,500

ALOS: 3-5 days
Minimum qualification of the treating doctor:
Essential: MBBS
Desirable: DNB / MD (General Medicine / Pediatric Medicine); DM in Pediatric Neurology

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Neuromuscular disorders**, 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 any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS 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: Progressive acquired or hereditary neuromuscular diseases (NMDs) are disorders caused by an abnormality of any component of the lower motor neuron - anterior horn cell, peripheral nerve, neuromuscular junction (pre-synaptic or post-synaptic region), or muscle.

The most common NMDs are acquired peripheral neuropathies. Other acquired NMDS include amyotrophic lateral sclerosis (ALS), poliomyelitis, Guillain Barre syndrome, myasthenia gravis, and polymyositis. Hereditary NMDs are also quite common and include such disorders as spinal muscular atrophy (SMA), Charcot Marie Tooth disease, congenital myasthenia, and Duchenne muscular dystrophy.

Clinical Features

The Common Common presenting chief complaints from parents of children with suspected neuromuscular disorders may include infantile floppiness or hypotonia, delay in motor milestones, feeding and respiratory difficulties, abnormal gait characteristics, frequent falls, difficulty ascending stairs or arising from the floor, muscle cramps or stiffness. Adults often present with chief complaints of strength loss, fatigue or decreasing endurance, falls, difficulty ascending stairs, exercise intolerance, episodic weakness, muscle cramps, focal wasting of muscle groups, breathing difficulties, or bulbar symptoms relating to speech and swallowing.

Diagnosis

In the context of a neuromuscular disease diagnostic evaluation, the clinician still must be able to obtain a relevant patient and family history and perform focused general, musculoskeletal, neurologic and functional physical examinations to direct further diagnostic evaluations. Laboratory studies often include relevant molecular genetic studies in certain instances, however, specific genetic entities need to be strong diagnostic considerations, as these studies may be expensive with limited sensitivity.

Electrodiagnostic studies including EMG and nerve conduction studies remain an extension of the physical examination and help to guide further diagnostic studies such as molecular genetic studies (as in the case of Charcot Marie Tooth), muscle and nerve biopsies, or even motor point biopsies applied to the evaluation of congenital myasthenic syndromes. All diagnostic information needs to be interpreted not in isolation, but within the context of relevant historical information, family history, physical examination findings, laboratory data, electrophysiologic findings and pathologic information if obtained.

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	Neuromuscular disorders
i. At the time of Pre-authorization	
a. Clinical Notes including evaluation findings, indications for the procedure, and planned line of treatment	Yes
b. Creatine Phosphokinase (CPK), Electrolytes report	Yes
c. EMG studies, Nerve conduction velocity	Yes
d. CT Angiography studies/MRI/CT for spine	

ii. At the time of claim submission	
a. Detailed Indoor case papers with treatment given details.	Yes
b. 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**:

1. Was the clinical notes and NCV/CT Angiography studies/EMG/MRI/CT Spine report suggestive of a neuromuscular disorder? Yes

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

References

1. McDonald CM. Clinical approach to the diagnostic evaluation of hereditary and acquired neuromuscular diseases. *Phys Med Rehabil Clin N Am*. 2012;23(3):495-563.