



Guidance document for processing PM-JAY packages

Juvenile Myasthenia

Procedures covered: 1

Specialty: Pediatric Medical Management

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)
Juvenile Myasthenia	Juvenile Myasthenia	M200040	MP015A	Routine Ward - 1800 HDU - 2700 ICU (without Ventilator) - 3600 ICU (with Ventilator) - 4500

ALOS: 2 days (Once diagnosis is established the case can be booked in the relevant package, further stay/admission should be decided based on the level of complications of the disease)

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Juvenile Myasthenia**, 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:

Myasthenia gravis (MG) is an autoimmune disease in which antibodies are directed at the postsynaptic membrane of the neuromuscular junction, leading to varying degrees of muscle weakness and fatigability. Where MG presents before 19 years of age, it is termed juvenile myasthenia gravis (JMG). JMG mostly presents in late infancy and childhood. Commonly affected muscles are eyes, face and swallowing.

Proceed with JMG only if diagnosis made is backed by clinical manifestation:

Presenting symptoms:

1. Variable ptosis
2. Diplopia
3. Ophthalmoplegia
4. Facial weakness

* Rapid fatigue of muscles distinguishes myasthenia from other neuromuscular disorders, with progressive worsening over the day or with repetitive activity.

Associated factors:

1. Dysphagia
2. Poor head control
3. Extremity weakness

Progressive manifestation:

1. Involvement of respiration and swallowing musculature

Diagnosis:

JMG is primarily a clinical diagnosis with classical patterns of fluctuating weakness and fatigability as described above. Detection of antibodies to the acetylcholine receptor (AChR) supports the diagnosis of JMG.

Management:

- Treatment of choice – Acetylcholinesterase inhibitor
- Corticosteroids
- No response then step-up treatment – Plasmapheresis, intravenous immunoglobulin (IVIG)
- Surgical treatment – Thymectomy

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	Juvenile Myasthenia
i. At the time of Pre-authorization	
Clinical notes showing vitals, examination findings, planned line of treatment and advice for admission	Yes
Nerve conduction studies (EMG/ENMG)/ Prostigmine/Tensilon test/ Ach receptor antibody testing	Yes
thyroid profile (optional)	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	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:

- Is there a h/o rapid fatigue of muscles ie repeated activities increases the weakness/evening ptosis/vision problems in the evening? Yes

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

References

- Standard Treatment Guidelines – Maharashtra State Guidelines. 2017. Myasthenia Gravis: Pg 11.
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- Karen J. Marcante, MD, Robert M. Kliegman, MD. Nelson Essentials of pediatrics, Seventh edition. Chapter 182: Weakness and Hypotonia - Pg. 626



4. Robert M. Kliegman, MD. Nelson Textbook of Pediatrics, Twentieth edition. Pg 2991. Chapter 612. Disorders of Neuromuscular Transmission and of Motor neurons.
5. A Parthasarathy (Editor-in-chief). IAP Textbook of Pediatrics, Fifth Edition. Section 6: Diseases of Central nervous system – 6.15: Neuromuscular disorders in children: Pg 401
6. <https://myastheniagravisnews.com/juvenile-myasthenia-gravis/>