



Guidance document for processing PM-JAY packages

Global developmental delay / Intellectual disability of unknown etiology

& Developmental and behavioral disorders

Procedures covered: 3

Specialty: Pediatric Medical Management

| Package name | Procedure name | HBP 1.0 code | HBP 2.0 code | Package price (INR) |
|--|---|--------------|--------------|---|
| Global developmental delay / Intellectual disability of unknown etiology | Global developmental delay | M200018 | MP029A | General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/- |
| Global developmental delay / Intellectual disability of unknown etiology | Intellectual disability of unknown etiology | M200018 | MP029B | General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/- |
| Developmental and behavioral disorders | Developmental and behavioral disorders | M200024 | MP032A | General Ward- 1800/- HDU – 2700/- ICU without ventilator– 3600/- ICU with Ventilator– 4500/- |

ALOS: 1 day (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: Multidisciplinary approach – Paediatrician, Clinical Psychologists, Psychiatrists, Behavioural Analysts, Nurses, Social care staff, Speech and language Therapists, Educational staff, Occupational Therapists, Physiotherapists

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital, District early intervention center (DEIC)

1.2 Disclaimer:

For monitoring and administering the claim management process of **Global developmental delay / Intellectual disability of unknown etiology & Developmental and behavioral 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:

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

- A detailed history is the mainstay of diagnosis of neurodevelopmental disorders. A characteristic sequence of events is usually enough to distinguish this condition from other disorders
- Majority of the times the diagnoses is made on the history provided by the primary care givers, teachers and peers and by examining the patient's state of mind
- The first step towards evaluating problem behaviors is to obtain a detailed account of the behaviors, including their frequency, severity, and impact on the child and family functioning
- In addition to a general physical examination and a developmental assessment, the behavior of the child in the consultation room should be observed, including the child's interaction with the family and the physician

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| Intellectual disability (ID) |
| It is characterized by a significant limitation both in intellectual functioning and in adaptive behavior. It is expressed in conceptual, social, practical, and adaptive skills and affecting usually the children more than 5 years. |
| Clinical Manifestations |

- Intellectual functioning level (IQ) is 70 or below
- Concurrent deficits in adaptive functioning in two or more of the following areas:
 - Speech and Communication
 - Adaptive behavior corresponding to the age
 - Use of community resources
 - Self-direction
 - Functional academic skills
 - Social interpersonal skills
 - Complex use of language and comprehension
 - Self-care activities
 - Home living
 - Health
- Associated features
 - Neurological-seizure, tonal abnormality, behavioral abnormality
 - Systemic-FTT, dysmorphism, other congenital anomalies, CVS/renal/gastrointestinal/dermatological/pulmonary complaints
 - Social and emotional deprivation

Global developmental delay (GDD)

It is defined as significant delay in two or more developmental domains - gross/fine motor, speech/language, social/personal, cognition, and activities of daily living. Usually in children less than 5 years.

Clinical Manifestations

- Motor milestones delayed
- Speech milestones delayed
- Cognitive development affected
- Social interaction will be limited (interpersonal domain)
- Self-care is affected

Autism spectrum disorder (ASD)

Autism spectrum disorder (ASD) is a category of neurodevelopmental disorders characterized by social and communication impairment and restricted or repetitive behaviors. Typical onset before 36 months of age.

Clinical Manifestations

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history; must have all 3 symptoms in this domain
 1. Social-emotional reciprocity
 2. Nonverbal communicative behaviors used for social interaction
 3. Developing, maintaining, and understanding relationships

- A. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least 2 of the following, currently or by history; must have 2 of the 4 symptoms
1. Stereotyped or repetitive motor movements, use of objects, or speech
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior
 3. Highly restricted, fixated interests that are abnormal in intensity or focus
 4. Hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment

Common presenting symptoms:

- Impairment in child ability to use functional language
- Communication
- Reciprocal social inhibition /behavior relationship
- Functional or symbolic play will be affected
- Repetitive Stereotypic behavior
- Eye contact will be affected
- Echolalia (repeating words)
- inability to suspect danger
- Insensitivity to pain
- Intellectual function (sometimes)
- Developmental delay – (milestones are achieved and lost)
- Self-harm behavior
- Very particular about routines
- Sensitivity to light, sound, stimuli
- Aloof
- Difficulty in understanding
- Poor eye-hand coordination
- Peculiar memories

Learning disabilities

Specific Learning Disability (SLD) is defined as deficit of a persons ability to learn or process specific types of information which is in contrast to the apparent level of intellect

Clinical Manifestations

1. Dyslexia (word reading accuracy, reading fluency rate, reading comprehension)
2. Dysgraphia (spelling accuracy, grammar & punctuation accuracy, clarity or organizations of written expression)
3. Dyscalculia (number sense, memorization of arithmetic facts, accurate or fluent calculation, accurate math reasoning)
4. Academics skills (markedly below the age level - <2 SD difference)
5. No other sensory issues (intact hearing and vision)
6. Normal Intelligence (Min IQ > 85)
7. Conventional schooling

Attention Deficit / Hyperactivity Disorder (ADHD)

This is a behavioral problem in children which is characterized by impaired levels of over activity not appropriate to the age of the child, inability to be attentive and impulsiveness. Any child 4 through 18 years of age, who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity, should be evaluated.

Clinical Manifestations

1. Inattention - The child has difficulty giving close attention to details or making mistakes in school work or other activities. It finds difficulty to sustain attention in tasks, play or activities
2. Hyperactivity – There is difficulty in organizing tasks and activities, easily distracted, forgetful in daily activities, unable to sit in one place, finds it difficult to engage in leisure activities, talks excessively, fidgets with hands or feet
3. Impulsiveness – The child answers before the question is complete, finds it difficult awaiting turn, interrupts or intrudes into others

Opposition Defiance Disorder (ODD)

This is a behavioral problem in children which is characterized by a pattern of angry/irritable mood, argumentative/ defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four out of 8 symptoms from any of the following categories. It remains persistent during the child's development and is similarly observed in individuals of similar age and developmental levels.

Clinical Manifestations

Angry/irritable mood:

- (1) Often loses temper
- (2) Is often touchy or easily annoyed
- (3) Is often angry and resentful

Argumentative/defiant behavior:

- (4) Often argues with authority figures or, for children and adolescents, with adults
- (5) Often actively defies or refuses to comply with requests from authority figures or with rules
- (6) Often deliberately annoys others

(7) Often blames others for his or her mistakes or misbehavior

Vindictiveness:

(8) Has been spiteful or vindictive at least twice within the past 6 months

Conduct Disorder (CD)

This is a behavioral problem which is characterized by violation of others or of major age appropriate societal norms or rules as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months. It begins in childhood or adolescence.

Clinical Manifestations

Aggression to people and animals:

- (1) Often bullies, threatens, or intimidates others
- (2) Often initiates physical fights
- (3) Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- (4) Has been physically cruel to people
- (5) Has been physically cruel to animals
- (6) Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- (7) Has forced someone into sexual activity

Destruction of property:

- (8) Has deliberately engaged in fire setting with the intention of causing serious damage
- (9) Has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft:

- (10) Has broken into someone else's house, building, or car
- (11) Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- (12) Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules:

- (13) Often stays out at night despite parental prohibitions, beginning before age 13 yr
- (14) Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period
- (15) Is often truant from school, beginning before age 13 yr

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 | Neurodevelopmental disorders |
|---|------------------------------|
| i. At the time of Pre-authorization | |
| Clinical notes including history, symptoms, signs, vitals, examination findings, planned line of treatment and advice for admission | Yes |
| 1. Intellectual Disorders (ID) <ul style="list-style-type: none"> i. Intelligence Quotient (IQ) test ii. Social maturity assessment (Vineland Social Maturity Scale - VSMS) iii. Developmental screening test (DST) iv. CT/MRI Brain (Optional) | Yes |
| 2. Global developmental delay (GDD) <ul style="list-style-type: none"> i. Imaging: EEG, CT, MRI, MRS (as per the patient condition) ii. IQ test (>5 years) iii. Social maturity assessment (VSMS) iv. Developmental screening test (DST) v. CT/MRI Brain (Optional) vi. Lab: CBC, glucose, RFT, LFT, Sr electrolytes, TSH, lactate, ammonia, metabolic screening, ferritin, b12, toxicology screening, ABG, urinalysis, metabolic screening, TORCH profile (as per the patient condition) vii. CT/MRI, EEG (if necessary) viii. Karyotyping, genetic testing (if necessary) | Yes |
| 3. Autism spectrum disorders (ASD) <ul style="list-style-type: none"> i. Toddler <ul style="list-style-type: none"> ▪ M-CHAT-R (modified checklist for autism in toddlers revised scoring) ii. Children > 3 yr <ul style="list-style-type: none"> ▪ CARS (Childhood autism rating scale) | Yes |

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| <ul style="list-style-type: none"> ▪ ISAA (India Scale for assessment for autism) ▪ INT-ASD (INCLIN Diagnostic tool for autism spectrum disorder) ▪ Autism behavior checklist <p>iii. Developmental screening and monitoring (18 months, 2 yrs, 3 yrs)</p> <p>iv. CT/MRI (optional)</p> | |
| <p>4. Learning disabilities</p> <ul style="list-style-type: none"> - IQ assessment - Learning <ul style="list-style-type: none"> ▪ Wide range achievement test, fifth edition (WRAT5) ▪ Grade level assessment device (GLAD) ▪ Dyslexia Screening test ▪ NIMHANS battery for learning difficulties - Eye and hearing screening (optional) | Yes |
| <p>5. Attention Deficit / Hyperactivity Disorder (ADHD) [self, parent, teacher rated]</p> <p>i. Observation assessment</p> <p>ii. ACDS (ADHD Clinical Diagnostic Scale)</p> <p>iii. DBRS (Disruptive Behavior Disorder Rating Scale)</p> <p>iv. INCLIN Diagnostic Tool for ADHD (INDT-ADHD)</p> <p>v. CBCL (Child Behavior Check-List)</p> <p>vi. Conners abbreviated rating scale</p> <p>vii. Vanderbilt ADHD diagnostic parent rating scale</p> <p>viii. Lab: CBC, glucose, RFT, LFT, Sr electrolytes, TSH, lactate, ammonia, metabolic screening, ferritin, B12, toxicology screening, ABG, urinalysis (based on condition)</p> <p>ix. EEG</p> <p>x. CT/MRI (optional)</p> | Yes |
| <p>6. Opposition Defiance Disorder (ODD)</p> <p>i. DBRS (Disruptive Behavior Disorder Rating Scale)</p> <p>ii. Behavioral rating scale, CBCL (Children behavioral checklist) Conners behavior rating scale Conduct disorder checklist</p> | Yes |
| <p>7. Conduct Disorder (CD)</p> <p>i. DBRS (Disruptive Behavior Disorder Rating Scale)</p> <p>ii. Behavioral rating scale CBCL (Children behavioral checklist) Conners behavior rating scale Conduct disorder checklist</p> | Yes |
| ii. At the time of claim submission | |
| Detailed Indoor case papers (ICPs) with treatment details | Yes |

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| All investigation done | Yes |
| 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:

| Mandatory documents | Neurodevelopmental disorders |
|---|-------------------------------------|
| Pre-auth processing Doctor (PPD) | |
| a. Clinical notes – detailed history, signs & symptoms, planned treatment line <ul style="list-style-type: none"> - Taking a detailed history - Behavior observation and examination - Developmental assessment | Yes |
| b. Investigations | |
| 1. Intellectual Disorders (ID) <ul style="list-style-type: none"> i. Intelligence Quotient (IQ) test ii. Social maturity assessment (Vineland Social Maturity Scale - VSMS) iii. Developmental screening test (DST) iv. CT/MRI Brain (Optional) | Yes |
| 2. Global developmental delay (GDD) <ul style="list-style-type: none"> i. Imaging: EEG, CT, MRI, MRS (as per the patient condition) ii. IQ test (>5 years) iii. Social maturity assessment (VSMS) iv. Developmental screening test (DST) v. CT/MRI Brain (Optional) vi. Lab: CBC, glucose, RFT, LFT, Sr electrolytes, TSH, lactate, ammonia, metabolic screening, ferritin, B12, toxicology screening, ABG, urinalysis, metabolic screening, TORCH profile (as per the patient condition) vii. CT/MRI, EEG (if necessary) viii. Karyotyping, genetic testing (if necessary) | Yes |
| 3. Autism spectrum disorders (ASD) <ul style="list-style-type: none"> i. Toddler | Yes |

| | |
|---|-----|
| <ul style="list-style-type: none"> ▪ M-CHAT-R (modified checklist for autism in toddlers revised scoring) <p>ii. Children > 3 yr</p> <ul style="list-style-type: none"> ▪ CARS (Childhood autism rating scale) ▪ ISAA (India Scale for assessment for autism) ▪ INT-ASD (INCLIN Diagnostic tool for autism spectrum disorder) ▪ Autism behavior checklist <p>iii. Developmental screening and monitoring (18 months, 2 yrs, 3 yrs)</p> <p>iv. CT/MRI (optional)</p> | |
| <p>4. Learning disabilities</p> <ul style="list-style-type: none"> - IQ assessment - Learning <ul style="list-style-type: none"> ▪ Wide range achievement test, fifth edition (WRAT5) ▪ Grade level assessment device (GLAD) ▪ Dyslexia Screening test ▪ NIMHANS battery for learning difficulties - Eye and hearing screening (optional) | Yes |
| <p>5. Attention Deficit / Hyperactivity Disorder (ADHD) [self, parent, teacher rated]</p> <ol style="list-style-type: none"> i. Observation assessment ii. ACDS (ADHD Clinical Diagnostic Scale) iii. DBRS (Disruptive Behavior Disorder Rating Scale) iv. INCLIN Diagnostic Tool for ADHD (INDT-ADHD) v. CBCL (Child Behavior Check-List) vi. Conners abbreviated rating scale vii. Vanderbilt ADHD diagnostic parent rating scale viii. Lab: CBC, glucose, RFT, LFT, Sr electrolytes, TSH, lactate, ammonia, metabolic screening, ferritin, b12, toxicology screening, ABG, urinalysis (based on condition) ix. EEG x. CT/MRI (optional) | Yes |
| <p>6. Opposition Defiance Disorder (ODD)</p> <ol style="list-style-type: none"> i. DBRS (Disruptive Behavior Disorder Rating Scale) ii. Behavioral rating scale, CBCL (Children behavioral checklist) Conners behavior rating scale Conduct disorder checklist | Yes |
| <p>7. Conduct Disorder (CD)</p> <ol style="list-style-type: none"> i. DBRS (Disruptive Behavior Disorder Rating Scale) ii. Behavioral rating scale CBCL (Children behavioral checklist) Conners behavior rating scale Conduct disorder checklist | Yes |

| Claims Processing Doctor (CPD) | |
|---|-----|
| Detailed ICPs with detailed line of treatment | Yes |
| All investigations done | Yes |
| Detailed Discharge summary with follow-up advise at the time of discharge | Yes |

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:

- I. Is the h/o general medical, developmental, family, social, educational and emotional history documented? Yes
- II. Does your child have difficulty with transitions and communication? Yes
- III. Is there evidence of the symptoms documented for age-appropriate? Yes
- IV. Is the delay associated with significant limitations in intellectual functioning and adaptive behavior? Yes

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

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