



Guidance document for PM JAY packages

Mental Retardation

Procedures covered/ procedure count: 1

Specialty: Mental Disorders

Package name	Procedure name	HBP code 1.0	HBP code 2.0	Package price (INR)
Mental Retardation	Mental Retardation	M800007, M800014	MM001A	1,500/day

Minimum qualification of the treating doctor:

Essential: MD/ DNB/ PG Diploma/ equivalent (in Psychiatry)

ALOS:8-12 weeks

Special empanelment criteria/linkage to empanelment module: As per the provisions of the Mental Health Act 2017

Disclaimer:

“ICMR has issued clinical guidelines for **Children with Developmental Problems** to be followed in country. For monitoring and administering the claim management process of **Mental Retardation**, 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. 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

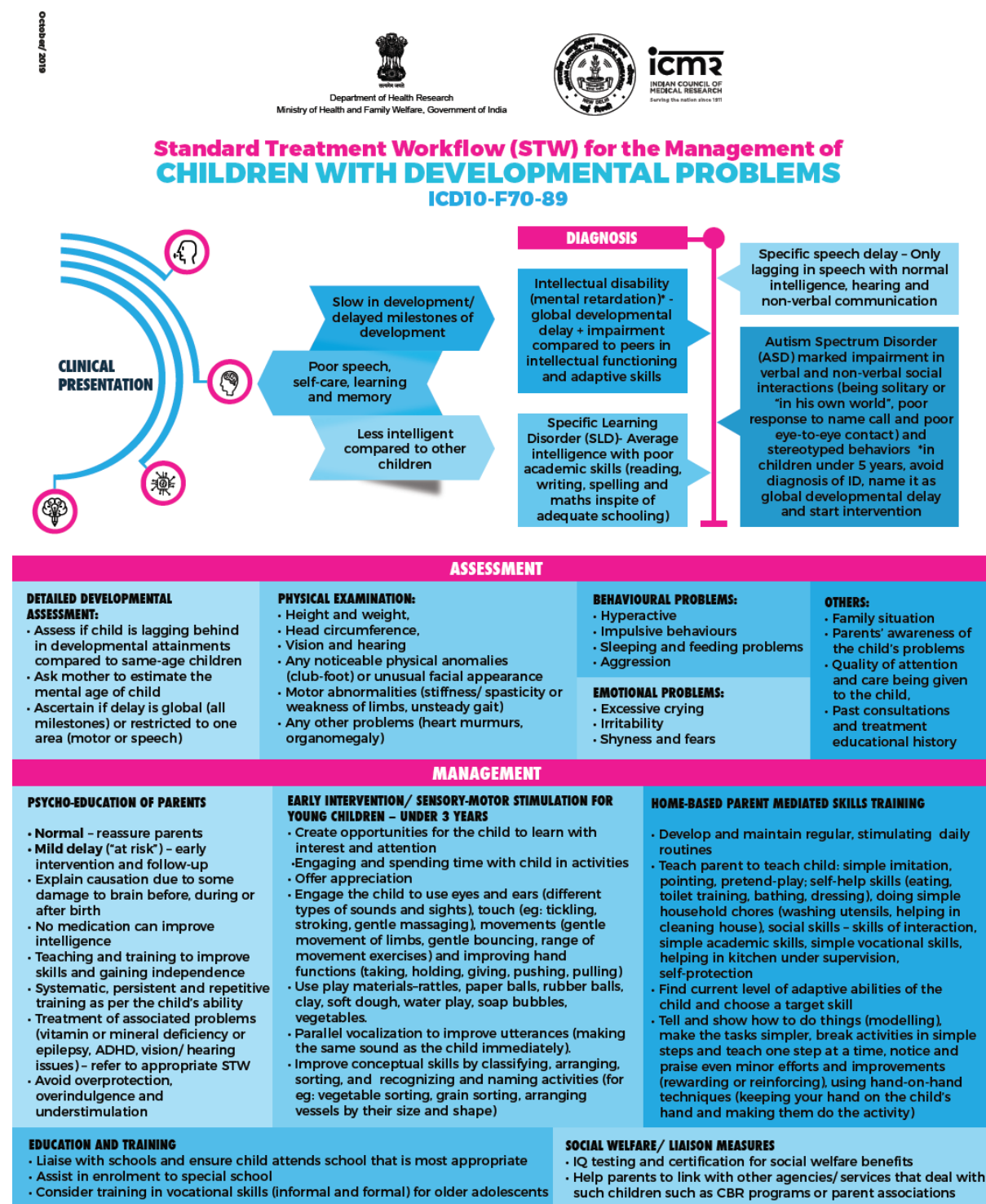
1.1 Objective:

The purpose of this 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:

The provisions under Mental Healthcare Act 2017 be referred for details on Admission & Discharge criteria.



- Severe or multiple developmental problems
- History of regression (loss of acquired skills)
- Definite family history of developmental problems (h/o similar problem in the sibling)



REASONS FOR REFERRAL



- Co-occurring severe behavioural or emotional problems
- Suspected case of ASD
- Suspected SLD
- Genetic counselling
- Speech therapy or physiotherapy

SECONDARY CARE (DISTRICT HOSPITAL)

- Psychological testing for ID, SLD and diagnosis of ASD
- Basic management of ASD – home-based parent-mediated training in social, communicative, and self-help skills
- Appropriate management of behaviour problems with medication/ psychosocial or behavioural intervention (see relevant STW's)
- Help parents access relevant services such as District Early intervention centres (DEIC's), parent organizations, and benefits

TERTIARY CARE (MEDICAL COLLEGE / REGIONAL REFERRAL CENTRE)

- Evaluate and manage children with severe IDD, ASD, multiple disabilities, and those with severe comorbid disorders such as ADHD, aggression, bipolar disorder, and psychotic disorders through multi-disciplinary approach
- Investigate for the cause – review tests already done; imaging, genetic tests, metabolic tests (as per requirement); arrange for genetic counselling
- Manage treatable disorders (like hypothyroidism and inherited metabolic disorders)
- Manage comorbid physical health problems (like epilepsy, visual /hearing impairment, locomotor/ orthopaedic problems)
- Assessment and management for SLD – psychoeducation of the child and parents, liaison with school, teaching basic remediation techniques to parents, helping parents access relevant organizations, issue of exemption certificates, and decisions about further schooling such as open schooling

REFERENCES

- World Health Organization. *mhGAP Intervention Guide–Version 2.0 for mental, neurological and substance use disorders in non-specialized health settings*. Geneva: WHO, 2016.
- Szymanski L, King BH. Practice parameters for the assessment and treatment of children, adolescents, and adults with mental retardation and comorbid mental disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1999 Dec 1;38(12):55-315.
- Girmaji SC.(2008) *Clinical Practice Guidelines for the Diagnosis and Management of Children With Mental Retardation*. Retrieved from www.indianjpsychiatry.org/cpg/cpg2008/CPC-CAP_05.pdf

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.lcmr.org.in) for more information.

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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	Mental Retardation
i. At the time of Pre-authorization	
a. Clinical notes with detailed history and chronicity	Yes
b. Admission document signed by empanelled psychiatrist	Yes
ii. At the time of claim submission	
a. Detailed treatment notes	Yes
b. Relevant investigations	Yes
1. Neuroimaging	
2. Thyroid function Test	
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 patient admission document signed by an empanelled psychiatrist? Yes

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

References

Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.