



Guidance document for processing PM-JAY packages

Acute ataxia

Procedures covered: 1

Specialty: Pediatric Medical Management

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Acute ataxia	Acute ataxia	M200056	MP016A	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: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Acute ataxia** for 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:

Ataxia refers to a disturbance in the smooth performance of voluntary motor acts and is usually the result of cerebellar dysfunction. Acute Ataxia is typically defined as ataxia for less than 72 hours, with particular attention to specific diagnoses and relevant diagnostic testing.

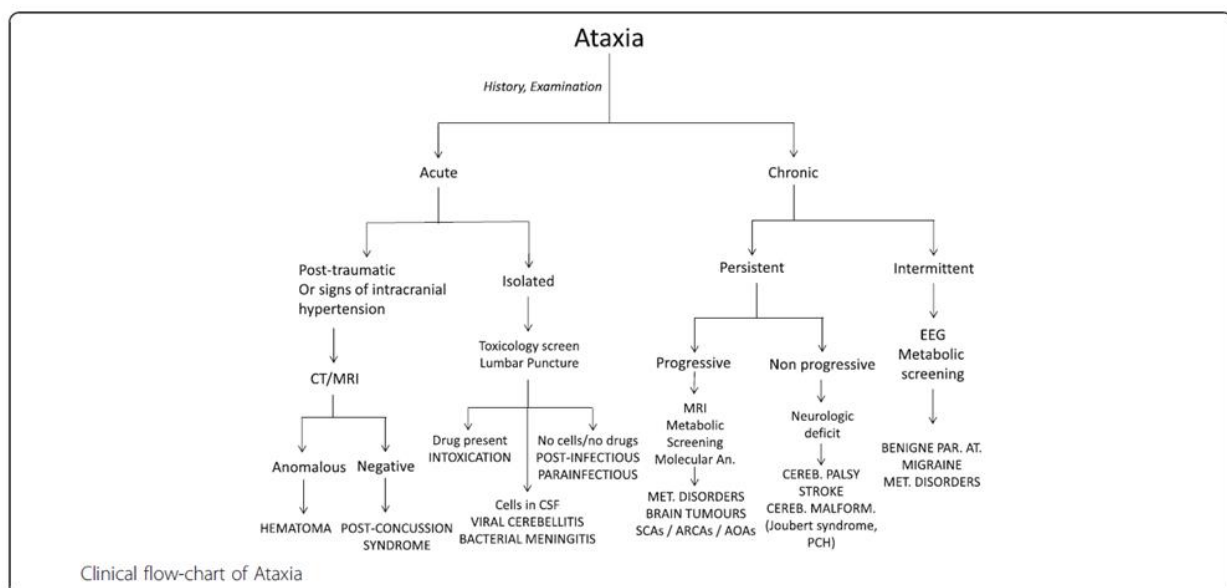
Acute ataxia suggests an infectious or postinfectious, endocrinologic, toxic, traumatic, vascular, or psychogenic process, and chronic symptoms suggest a metabolic, neoplastic, or degenerative process. The most common causes of acute ataxia in childhood are postinfectious acute cerebellar ataxia and drug intoxications.

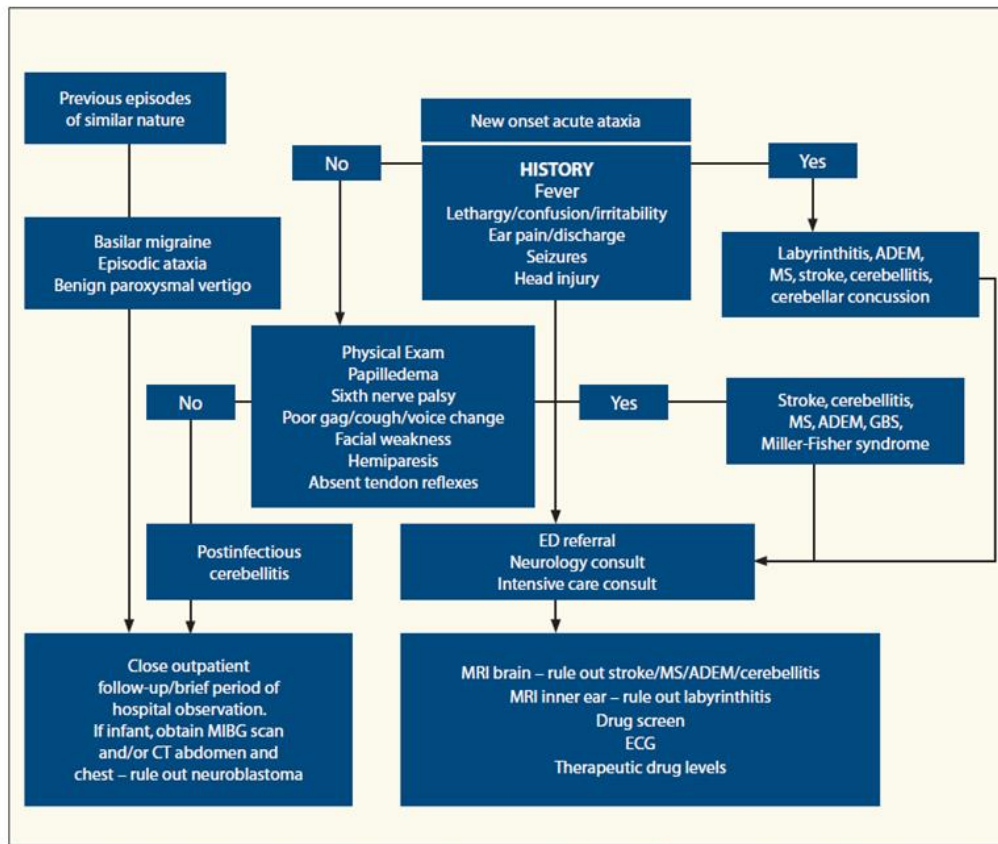
Proceed with Acute ataxia only if diagnosis made is backed by clinical manifestation:

- Staggered gait (poor balance)
- Refusal to walk
- Unsteady and/or clumsy movements
- Impaired sitting balance

Associated symptoms:

- Altered mental status
- Hand coordination is impaired
- Dysarthria or dysphagia may be present
- Ocular symptoms, related to abnormal control of eye movements (visual disturbances/nystagmus)
- Vomiting
- Intentional tremor and difficulty in forming speech





Algorithm for investigating acute ataxia. ADEM = acute disseminated encephalomyelitis; CT = computed tomography; ECG = electrocardiogram; ED = emergency department; GBS = Guillain-Barré syndrome; MIBG = metaiodobenzylguanidine scintigraphy; MS = multiple sclerosis; MRI = magnetic resonance imaging.

The key to assessment of acute ataxia in children is a thorough physical examination which may reveal many possible associated findings and shed light on the location of the primary pathology.

Management:

Surgical Management:

- Tumor
- Intracranial hemorrhage
- Arterial dissection
- Hydrocephalus
- Cerebellar abscess (large)

Medical Management

- Drug toxicity – remove the underlying inducing agent
- Acute labyrinthitis, Meningitis, Cerebellar abscess (small) – Antibiotics
- Acute Cerebellitis (viral) – supportive management, steroids

- Rare causes: Acute Disseminated Encephalomyelitis, Multiple sclerosis, Guillain Barre syndrome, Brain stem Encephalitis – intravenous immunoglobulin (IVIG)/steroids (as applicable)

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	Acute ataxia
i. At the time of Pre-authorization	
Clinical notes showing vitals, examination findings, planned line of treatment and advice for admission	Yes
Nerve conduction test (ENMG)/MRI/CT	Yes
Viral serology	Yes
Optional based on etiology and availability Toxicological testing, blood glucose, metabolic evaluation, Cerebrospinal fluid examination, Viral serology, Urinalysis, Serum Electrolytes, Vitamins, Complete blood count, liver function test	Yes
ii. At the time of claim submission	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Nerve conduction test (ENMG)/MRI/CT/Viral serology (Optional)	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	Acute ataxia
Pre-auth processing Doctor (PPD)	

Clinical notes with detailed history (Evidence or recent or current infection/ Toxic exposures/Trauma), signs & symptoms, & treatment line	Yes
Nerve conduction test (ENMG)/MRI/CT	Yes
Viral serology	
Optional based on etiology and availability Toxicological testing, blood glucose, metabolic evaluation, Cerebrospinal fluid examination, Viral serology, Urinalysis, Serum Electrolytes, Vitamins, Complete blood count, liver function test	Yes
Claims Processing Doctor (CPD)	
Detailed ICPs with detailed line of treatment & Progress of the patient in terms of clinical condition	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 Ataxia with a symptom evolution time of less than 72 hours documented? Yes

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

References

- Overby, P., Kapklein, M., & Jacobson, R. I. (2019). Acute Ataxia in Children. *Pediatrics in Review*, 40(7), 332–343. doi:10.1542/pir.2017-0223
- Pavone P, Praticò AD, Pavone V, et al. Ataxia in children: early recognition and clinical evaluation. *Ital J Pediatr*. 2017;43(1):6. Published 2017 Jan 13. doi:10.1186/s13052-016-0325-9
- https://www.rch.org.au/clinicalguide/guideline_index/Ataxia/
- Sivaswamy L. Approach to acute ataxia in childhood: diagnosis and evaluation. *Pediatr Ann*. 2014;43(4):153-159. doi:10.3928/00904481-20140325-13
- Caffarelli, M., Kimia, A. A., & Torres, A. R. (2016). Acute Ataxia in Children: A Review of the Differential Diagnosis and Evaluation in the Emergency Department. *Pediatric Neurology*, 65, 14–30.



doi: 10.1016/j.pediatrneurol.2016.08.025

6. Poretti A, Benson JE, Huisman TA, Boltshauser E. Acute ataxia in children: approach to clinical presentation and role of additional investigations. *Neuropediatrics*. 2013;44(3):127-141. doi:10.1055/s-0032-1329909
7. Bonney, H., de Silva, R., et al. (2016). *Management of the Ataxias Towards Best Clinical Practice*. London (United Kingdom): Ataxia UK, (3rd Edition), 1-87.
8. BMJ Best Practices. Assessment of ataxia (last updated: Jan 10, 2019)
9. Dewesh Agrawal, MD. Approach to the child with acute ataxia – UpToDate (last updated: Aug 19, 2019)