



Guidance document for processing PM-JAY packages

Neurogenic Bladder – Package evaluation/Investigation

Procedures covered: 1

Specialty: Urology/ Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Neurogenic Bladder – Package evaluation/Investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics)	Neurogenic bladder - Package for evaluation / investigation (catheter + ultrasound + culture + RGU/ MCU) for 1 month (medicines - antibiotics)	S700154	SU052A	14,300

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MS/DNB or Equivalent (in Urology, Pediatric Surgery)

Desirable: MCh/or Equivalent (in Urology, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital.

Disclaimer:

For monitoring and administering the claim management process of **Neurogenic Bladder – Package evaluation/Investigation**, 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:

Neurogenic bladder is a term applied to urinary bladder malfunction due to neurologic dysfunction emanating from internal or external trauma, disease, or injury.

Types: Neurogenic detrusor over activity bladder/ and with sphincter dyssynergia, Detrusor areflexia, Sensory paralytic bladder, Motor paralytic bladder.

Indications:

1. Spinal cord injuries – stroke, brain tumour, Parkinson disease, Multiple sclerosis, Diabetic, Pelvic surgeries.
2. To diagnose the root cause for detrusor underactivity to over activity.
3. To protect kidney diseases
4. To rule out/decrease Urinary tract infections
5. To address Urine incontinence

Diagnosis:

- Post-void residual urine determination
- Urodynamic studies. Measuring: Frequency, precipitancy, urgency, hesitancy, and residual urine levels

Management:

- The appropriate therapy and the treatment outcome are predicated upon the complete evaluation/diagnosis through a careful clinical and lab investigations and voiding history, including urodynamics and selective radiographic imaging studies.
- **Catheterization:** Urinary diversion, intermittent and indwelling catheterisation to empty bladder.
- **Non-surgical approach:** Medicine that relax the sphincter muscle: Drug interventions and botulinum toxin A
- **Surgical approach:** Urinary diversion, Open or Laparoscopic bladder suspension surgery, Artificial sphincter, sling surgery etc.

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	Neurogenic Bladder – Package evaluation/ Investigation
i. At the time of Pre-authorization	
a. Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
b. Post void residual urine determination/ Urodynamic testing	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes

b. Retrograde urethrogram (RGU)/ Micturating Cysto-Urethrogram (MCU) with patient ID and Date	Yes
c. Detailed Procedure / Operative notes, Antibiotic given	Yes
d. 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:

- I. Was the clinical notes and Post void residual urine determination/ Urodynamic testing reports indicative of procedure? Yes

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

References:

1. Griffiths, Derek. "Neural control of micturition in humans: a working model." *Nature Reviews Urology* 12.12 (2015): 695.
2. Al-Shukri, S. "Neurogenic bladder-Assessment, investigation and treatment." *European Urological Review* 7.1 (2012): 55-60.
3. Jamison, Jim, Suzanne Maguire, and John McCann. "Catheter policies for management of long-term voiding problems in adults with neurogenic bladder disorders." *Cochrane Database of Systematic Reviews* 11 (2013).
4. Apostolidis, Apostolos, et al. "Recommendations on the use of botulinum toxin in the treatment of lower urinary tract disorders and pelvic floor dysfunctions: a European consensus report." *European urology* 55.1 (2009): 100-120.
5. Groen, Jan, et al. "Summary of European Association of Urology (EAU) guidelines on neuro-urology." *European urology* 69.2 (2016): 324-333.