



## Guidance document for processing PM-JAY packages

### Botulinum toxin injection for Neuropathic bladder

Procedures covered/ count: 1

Specialty: Urology

Package name	Procedure name	HBP 2.0 code	HBP 2022 code	Package price (INR)
Botulinum toxin injection for Neuropathic bladder	Botulinum toxin injection for Neuropathic bladder	New	SU099A	NRP: 10000 Tier 1:15000 Tier 2: 14200 Tier 3: 12500

ALOS:1 day

Minimum qualification of the treating doctor: MCh/DNB (Urology)

**Special empanelment criteria/linkage to empanelment module:** - Well equipped operation theatre with anaesthesia facility.

#### Disclaimer:

For monitoring and administering the claim management process of **Botulinum toxin injection for Neuropathic bladder**, 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 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 condition where there is lack of co-ordination between the brain, spinal cord and the urinary bladder and it disturbs the process of normal micturition & healthy urinary continence which requires proper functioning of both bladder and the urethra. As a result the patient complains if urinary incontinence.

Botulinum neurotoxin (BoNT) injection into the bladder wall has been shown to be an effective in those with multiple sclerosis and spinal cord injury with neurogenic detrusor overactivity (NDO) and urinary incontinence who are not tolerating anticholinergic medications. The most common side

effects are urinary tract infections and urinary retention. Most patients are medically managed by clean intermittent catheterization and anticholinergics but some may require Botulinum toxin injection.

**Etiology:** Spinal cord/ Brain injury, spina bifida, multiple sclerosis, Parkinsons disease, Stroke, Diabetes, infections, Heavy metal poisoning, Brain/ spinal cord tumors.

### **Indications**

- a. Urinary tract infection (UTI)
- b. Kidney stones
- c. Urinary incontinence (unable to control urine)
- d. Small urine volume during voiding
- e. Urinary frequency and urgency
- f. Dribbling urine
- g. Loss of feeling that the bladder is full

### **Diagnosis based on:**

- a. Physical examination, symptoms and medical history including impact of urinary symptoms on quality of life scale (Qualiveen Questionnaire)
- b. Urine dipstick test (Urinanalysis)
- c. Ultrasound of the urinary bladder & urinary tract to determine the urinary retention and post-void residual (PVR) urine volume
- d. Urine bacteriology
- e. Urodynamic study
- f. Urine creatinine clearance

### **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:

- i. **At the time of pre-authorization:**
  - a. Detailed Clinical notes with history, symptoms, signs, examination findings, indication for procedure and advice for admission
  - b. Other investigations
    - Urine dipstick test (Urinanalysis)
    - Ultrasound of the urinary bladder & urinary tract
    - Urine bacteriology
    - Urodynamic study
    - Urine creatinine clearance
- ii. **At the time of claims submission:**
  - a. Detailed indoor case papers clearly indicating the need for performing the procedure
  - b. Detailed Procedure notes
  - c. Discharge summary with follow-up advice

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorisation 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:**

**2.2.1 At the time of pre-authorization processing- For pre-authorisation processing doctor (PPD)** (Its an emergency medical condition and these documents can be submitted after initiating the treatment)

- a. Are detailed Clinical notes – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure and advice for admission available?
- b. Are reports of investigations performed available such as Urine dipstick test (Urinanalysis), Ultrasound of the urinary bladder & urinary tract, Urine bacteriology, Urodynamic study, Urine creatinine clearance?

**2.2.2 At the time of claim processing- For claims processing doctor (CPD)**

- a. Are the detailed Indoor Case Papers available?
- b. Are detailed procedure notes available with indications?
- c. Is discharge summary available with follow-up advice at the time of discharge?

### **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 presentation, physical examination ± supporting investigations indicative of procedure? Yes
- ii. Did the patient complain of lack of voluntary control over urinary bladder? Yes

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

#### **References:**

1. Neurogenic Bladder, Sept 2021, National Library of Medicine, <https://www.ncbi.nlm.nih.gov/books/NBK560617/> Testicular Torsion, June 2020, WebMD, <https://www.webmd.com/men/what-is-testicular-torsion>
2. Neurogenic Bladder, Johns Hopkins medicine <https://www.hopkinsmedicine.org/health/conditions-and-diseases/neurogenic-bladder#:~:text=In%20neurogenic%20bladder%2C%20the%20nerves,aimed%20at%20preventing%20kidney%20damage.>
3. Use of botulinum toxin in individuals with neurogenic detrusor overactivity: State of the art review, Sept 2013,



[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739890/#:~:text=Botulinum%20neurotoxin%20\(BoNT\)%20injection%20into,urinary%20incontinence%20who%20are%20not](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3739890/#:~:text=Botulinum%20neurotoxin%20(BoNT)%20injection%20into,urinary%20incontinence%20who%20are%20not)