



Guidance document for processing PM-JAY packages

Complete vaginal agenesis

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Vaginoplasty (McIndoe procedure)	Vaginoplasty (McIndoe procedure)	S400014	SO031A	11,000

ALOS: 5 days

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO or Equivalent (in Obstetrics & Gynecology), MCh/Equivalent (in Plastic Surgery)

Special empanelment criteria/linkage to empanelment module: Facilities with well-equipped operation theatre, anesthesia and anesthetist availability

Disclaimer:

For monitoring and administering the claim management process of **Vaginoplasty (McIndoe procedure)**, 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:

- Complete agenesis of the vagina is almost always associated with absence of uterus. There is, however, presence of healthy gonads and fallopian tubes.
- The patient is phenotypically female, with normal female karyotype pattern.
- The entity is often associated with urinary tract (40%) and skeletal (12%) malformation. This is called Mayer-RokitanskyKüster-Hauser syndrome.

Clinical presentation

- Could be an incidental finding
- The patient usually seeks advice for primary amenorrhea and dyspareunia.
- Vaginal anomalies may also present with cyclic pelvic or abdominal pain, or difficulty with tampon insertion or coitus. Marked distension of the vagina may also result in back pain, or pain with defecation.

Management

Treatment of such patients needs repeated psychological counseling. Treatment options are: (1) Nonsurgical, (2) Surgical.

1. Nonsurgical method: Repeated use of graduated vaginal dilators for a period of 6–12 months. Presence of a vaginal dimple (1 cm) is often seen. This method (Frank, 1938) is a simple and effective one.
2. Surgical methods various procedures of vaginal reconstruction (vaginoplasty) are done.
 - a. **McIndoe-Reed procedure** (1938): A space is created digitally between the bladder and the rectum. Split thickness skin graft is used over a mould. This mould is kept in this neovaginal space.
 - b. Williams Vulvovaginoplasty (1976): A vaginal pouch is created from skin faps of labia majora in the midline. This is not done these days.
 - c. Vaginoplasty with amnion graft (Chakraborty, Konar, 2004)

Complications of vaginoplasty:

- During surgery Vesicovaginal fistula, Recto-vaginal Fistula, infection and bleeding are the important ones.
- Dyspareunia, restenosis are common late complications.

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	Vaginoplasty (McIndoe procedure)
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Pelvic/Abdominal USG	Yes
Optional	Yes
Karyotyping	
Planned line of treatment	Yes

ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (if done)	Yes
Diagnostic laparoscopy (optional)	Yes
Detailed procedure/operative notes	Yes
Detailed Discharge Summary	Yes
Histopathological report (optional)	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:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment and advise for admission?
- Did the clinical presentation and composite examination (pelvic examination) confirm the diagnosis?

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

- Are the detailed ICPs with daily vitals and treatment details?
- Are the detailed procedure / Operative Notes available?
- Is the Discharge summary with follow-up advise at the time of discharge?
- Was there an evidence of vaginal agenesis indicative of surgery?

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 examination and/or imaging indicative of surgery? Yes

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

References:

1. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.
2. Marc R Laufer. Congenital anomalies of the hymen and vagina – UpToDate. Last updated: June, 2020.