



## Guidance document for processing PM-JAY packages

### Imperforate Hymen

**Procedure covered: 1**

**Specialty:** Obstetrics & Gynecology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Hymenectomy for imperforate hymen	Hymenectomy for imperforate hymen	S400075	SO029A	3,000

**ALOS:** 5 days

**Minimum qualification of the treating doctor:**

**Essential:** MS/MD/DNB/DGO/Equivalent (Obstetrics & Gynecology); MCh/DNB/Equivalent (in Pediatric 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 **Hymenectomy for imperforate hymen**, 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:**

Imperforate hymen is due to failure of disintegration of the central cells of the Müllerian eminence that projects into the urogenital sinus.

## Clinical Manifestations

- At puberty, a patient with an imperforate hymen typically presents with a vaginal bulge of thin hymenal tissue with a dark or bluish hue caused by the hematocolpos above it.
- The uterus is next involved and the cavity is dilated (hematometra).
- In the late and neglected cases, the tubes may also be distended after the fimbrial ends are closed by adhesions (Hematosalpinx)
- Pain may be pelvic or abdominal, cyclic or acute.
- Other findings that may be present include an abdominal mass, urinary retention, dysuria, constipation, and dyschezia.
- The imperforate hymen may present in the neonatal period as a hydrocolpos or mucocolpos. On examination, a bulging, translucent, or yellow mass is noted at the introitus.

## Clinical Evaluation

- It is important to complete an abdominal and a perineal examination. An imperforate hymen with hematocolpos will reveal a dark-colored or bluish-tinged bulge without hymenal fringe.
- If the physical examination reveals a bulging hymen and ultrasonography reveals hematocolpos, further imaging is not required.
- MRI maybe required if diagnosis is not established

## Management

- Surgical management of clinically significant hymenal variations involves excision of the hymenal tissue and rarely is associated with long-term sequelae.
- Surgical intervention is necessary only in symptomatic prepubertal patients. After confirmation of the diagnosis, surgical intervention usually is deferred until pubertal estrogenization has occurred because the imperforate hymen may open spontaneously at puberty

### 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	Hymenectomy for imperforate hymen
i. At the time of Pre-authorization	

Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG pelvis	Yes
<b>Optional</b> MRI	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Investigation reports	Yes
Detailed procedure/operative notes	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:**

**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, advice for admission and planned line of treatment?
- Did the patient present with periodic lower abdominal pain, which may be continuous, primary amenorrhea and urinary symptoms, such as frequency, dysuria or even retention of urine?
- Was the USG pelvis confirming 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 USG pelvis findings 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 clinical evaluation and imaging indicative of surgery documented? Yes

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

**References:**

1. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/06/diagnosis-and-management-of-hymenal-variants>
2. DC Dutta's Textbook of Gynaecology including contraception. Sixth Edition. 2013.