



## Guidance document for processing PM-JAY packages

### Mullerian Anomaly

**Procedure covered: 1**

**Specialty:** Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Abdomino Perineal repair for Mullerian Anomaly	Abdomino Perineal repair for Mullerian Anomaly	S400053	SO037A	20,000

**ALOS:** 5 days

**Minimum qualification of the treating doctor:**

**Essential:** Multidisciplinary care team - MS/MD/DNB/DGO/Equivalent (Obstetrics & Gynecology); if required - MCh/DNB/Equivalent (in Pediatric Surgery, Urology, Colorectal surgery, Plastic Surgery)

**Special empanelment criteria/linkage to empanelment module:** Care at Tertiary hospital

#### Disclaimer:

For monitoring and administering the claim management process of **Abdomino Perineal repair for Mullerian Anomaly**, 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:**

Müllerian anomalies occur when müllerian ducts (a critical component of the reproductive system) develop abnormally, which can disrupt the development of the entire reproductive system, including the fallopian tubes, uterus, cervix, and upper two-thirds of the vagina.

The clinical presentation and treatment for müllerian malformations are directly related to the anatomy of the defect. Conditions that can lead to problems with fertility, menstrual flow, or the ability to have sex, however, often require surgery.

## Classification of Müllerian Anomalies:

- Class I: Müllerian agenesis/Hypoplasia—segmental
- Class II: Unicornuate uterus
- Class III: Didelphys uterus
- Class IV: Bicornuate uterus
- Class V: Septate uterus
- Class VI: Arcuate uterus
- Class VII: Diethylstilbestrol (DES)-related abnormality

## Most common clinical manifestation

- **Gynecological**
  - Infertility and dyspareunia
  - Primary amenorrhea
  - Menstrual disorders (menorrhagia, cryptomenorrhea)
  - Delayed puberty
  - Cyclical pain
- **Obstetrical**
  - Recurrent abortions
  - Preterm births, intrauterine growth retardation, intrauterine death
  - Cervical incompetence
  - Increased incidence of malpresentation
  - Prolonged / obstructed labor
  - Retained placenta and postpartum hemorrhage
- Difficulty with tampon use or intercourse
- Incidental finding on USG

## Treatment

Appropriate preoperative evaluation of reproductive and pelvic anatomy remains a critical step before surgical treatment of any müllerian anomaly. Mere presence of any uterine malformation per se is not an indication of surgical intervention.

- Vaginal dilatation should be the first line of treatment for creation of a neovagina in patients with müllerian agenesis.
- Hysteroscopic metroplasty is a successful, minimally invasive technique for removal of a uterine septum.
- Rudimentary horn should be excised to reduce the risk of ectopic pregnancy.
- Resection of a uterine septum has been shown to improve pregnancy success in patients with a history of recurrent pregnancy loss.

- Strassman metroplasty should be considered in select women with a bicornate uterus who have experienced recurrent pregnancy loss or preterm delivery
- Vaginoplasty
- Abdomino-perineal repair

### 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	Abdomino Perineal repair for Mullerian Anomaly
<b>i. At the time of Pre-authorization</b>	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
USG Transvaginal/Trans abdominal (TVS/TAS)	Yes
<b>Optional</b> Spine imaging (X-ray) Karyotyping Hormonal profile Renal ultrasound MRI pelvis Hysterosalpingography (HSG) Laparoscopy/ Hysteroscopy/ Vaginoscopy	Yes
Planned line of treatment	Yes
<b>ii. At the time of claim submission</b>	
Detailed indoor case papers	Yes
Investigation reports (If done)	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (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:**



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

- a. *Detailed Clinical notes* – all vitals, detailed history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment, and advice for admission?
- b. Did clinical examination and imaging confirm the diagnosis?

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

- a. Are the detailed ICPs with daily vitals and treatment details submitted?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was the imaging report 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 medical history, clinical examination (especially pelvic examination), and imaging indicative of surgery? Yes
- II. Did imaging confirm the diagnosis? 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. John A. Rock, Howard W. Jones III. Te Linde's Operative Gynecology. Tenth Edition. 2008. Lippincott Williams & Wilkins
3. Passos IMPE, Britto RL. Diagnosis and treatment of müllerian malformations. Taiwan J Obstet Gynecol. 2020 Mar;59(2):183-188. doi: 10.1016/j.tjog.2020.01.003. PMID: 32127135.
4. <https://utswmed.org/medblog/mullerian-anomalies/>