



Guidance document for processing PM-JAY packages

Vaginal prolapse

Procedures covered: 2

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Cystocele - Anterior repair	Cystocele - Anterior repair	S400065	SO042A	6,000
Anterior & Posterior Colpoperineorrhaphy	Anterior & Posterior Colpoperineorrhaphy	S400066	SO030A	8,000

ALOS: 5-7 days

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO/Equivalent (in Obstetrics & Gynecology)

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 **Cystocele – anterior repair / Anterior & Posterior Colpoperineorrhaphy**, 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:

Vaginal prolapse is a sub-broad category of Genital prolapse. Vaginal prolapse can occur independently without uterine descent

Anterior wall



Cystocele — The cystocele is formed by laxity and descent of the upper two-thirds of the anterior vaginal wall. As the bladder base is closely related to this area, there is herniation of the bladder through the lax anterior wall.

Posterior wall

Rectocele — There is laxity of the middle-third of the posterior vaginal wall and the adjacent rectovaginal septum. As a result, there is herniation of the rectum through the lax area.

Clinical Manifestations

The symptoms are variable. Even with minor degree, the symptoms may be pronounced, paradoxically there may not be any appreciable symptom even in severe degree. However, the following symptoms are usually associated:

(a) Feeling of something coming down per vaginum, especially while she is moving about. There may be variable discomfort on walking when the mass comes outside the introitus.

(b) Backache or dragging pain in the pelvis. The above two symptoms are usually relieved on lying down.

(c) Dyspareunia.

(d) Urinary symptoms (in presence of cystocele).

- Difficulty in passing urine, more the strenuous effort, the less effective is the evacuation. The patient has to elevate the anterior vaginal wall for evacuation of the bladder.
- Incomplete evacuation may lead to frequent desire to pass urine.
- Urgency and frequency of micturition may also be due to cystitis.
- Painful micturition is due to infection.
- Stress incontinence is usually due to associated urethrocele.
- Retention of urine may rarely occur.

(e) Bowel symptom (in presence of rectocele).

- Difficulty in passing stool. The patient has to push back the posterior vaginal wall in position to complete the evacuation of feces. Fecal incontinence may be associated.

(f) Excessive white or blood-stained discharge per vaginum is due to associated vaginitis or decubitus ulcer.

Diagnosis

Diagnosis is clinical, confirmed by Per-speculum (P/S), Per-vaginum (P/V), and rectovaginal examination.

Management (Surgical)

The type of surgery for an individual woman depends on her age, parity, reproductive and sexual function and also the type and degree of prolapse.

Indications of Surgery

- Stage I & II prolapse, if symptomatic e.g.,
 - Small cystocele with significant Stress Urinary Incontinence
 - Constant dragging sensation due to cervical descent
 - Small rectocele with definite pocket on P/R and splinting is required by the patient to defecate
- Stage III/ IV prolapse even if asymptomatic
 - As risk of generally obstructive voiding leading to post void residual urine and recurrent UTI
 - Ureteral kinking and dilatation may lead to impaired renal function

Types of operation

- **Cystocele** - Anterior colporrhaphy
- **Rectocele** - Perineorrhaphy/Colpoperineorrhaphy

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	Cystocele – anterior repair / Anterior & Posterior Colpoperineorrhaphy
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Clinical photograph (optional)	Yes
USG abdomen/pelvis	Yes
Pap smear	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed operative/procedure notes	Yes
Detailed Discharge Summary	Yes
Histopathological report (optional)	Yes
Blood transfusion notes (if blood transfusion was given)	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 especially previous obstetric history, symptoms, signs, physical examination including local examination, indication for procedure, planned line of treatment and advice for admission?
- b. Did the clinical presentation, composite examination (pelvic examination), and investigations 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?
- b. Are the detailed procedure / Operative Notes available?
- c. Is the Discharge summary with follow-up advise at the time of discharge?
- d. Was imaging and investigations indicative of surgery?
- e. Was histopathological examination report submitted (optional)?

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 evaluation, severity and imaging/investigations indicative of surgery?
Yes

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

References:

1. Standard Treatment Guidelines Obstetrics & Gynaecology. Ministry of Health & Family Welfare Govt. of India
2. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.