



## Guidance document for processing PM-JAY packages

### Vault Prolapse

**Procedures covered: 3**

**Specialty:**

Obstetrics & Gynecology (Vaginal Sacrospinus fixation with repair)

Obstetrics & Gynecology, Urology (Sacrocolpopexy (Abdominal) – Open/Lap)

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Sacrocolpopexy (Abdominal)	Open	S400012	SO025A	23,900 + Implant cost
Sacrocolpopexy (Abdominal)	Lap.	S400012	SO025B	23,900 + Implant cost
Vaginal Sacrospinus fixation with repair	Vaginal Sacrospinus fixation with repair	New Package	SO027A	15,000

**ALOS:** 7 days

**Minimum qualification of the treating doctor:**

**Essential:** MS/MD/DNB/DGO/Equivalent (in Obstetrics & Gynecology); MCh/DNB/Equivalent in (Urology Surgery)

**Special empanelment criteria/linkage to empanelment module:** Facilities with well-equipped operation theatre, anesthesia and anesthetist availability; Laparoscopic facility for laparoscopic procedures

**Disclaimer:**

For monitoring and administering the claim management process of **Sacrocolpopexy (Abdominal)/ Vaginal Sacrospinus fixation with repair**, 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:

- Vault prolapse is descent of the vaginal apex
  - Vault prolapse can be primary or secondary
1. Enterocoele — Laxity of the upper-third of the posterior vaginal wall results in herniation of the pouch of Douglas. It may contain omentum or even loop of small bowel and hence, called enterocoele. Traction enterocoele is secondary to uterovaginal prolapse. Pulsion enterocoele is secondary to chronically raised intra-abdominal pressure.
  2. Secondary vault prolapse — This may occur following either vaginal or abdominal hysterectomy. Undetected enterocoele during initial operation or inadequate primary repair usually results in secondary vault prolapse
- Post-hysterectomy (vaginal or abdominal) vault prolapse is usually accompanied by an enterocoele (70%).

## Clinical presentation

The following history should arouse a suspicion of prolapse:

- Vaginal bulge/ Protrusion
  - Reducible//irreducible
- Pelvic discomfort:
  - weakness perineal region/ dragging- bearing down sensation
  - low back ache relieved by lying down
- Urinary symptoms: - Stress incontinence
  - Frequency/ urgency/ nocturia
  - urinary retention/ incomplete voiding
- Defecation problems
  - Difficulty in emptying rectum, tenesmus, splinting
  - Incomplete evacuation of the faeces
  - Fecal Incontinence
- Sexual Function/ dyspareunia
- Vaginal discharge - leucorrhoea, blood stained discharge

## Management (Surgical)

The surgical approach is influenced by many factors, including the comfort and skill of the surgeon performing the operation, whether the prolapse is primary or recurrent, the patient's age, state of health, anticipated outcome, sexual activity, and overall state of the tissues.

### 1. Transvaginal approach

- Repair of enterocele along with pelvic floor repair
- Le Fort operation
- Colpocleisis (cases following hysterectomy)
- Sacrospinous colpopexy
  - For significant vaginal prolapse, the sacrospinous ligament fixation is a useful transvaginal technique

## 2. Abdominal approach

- Vault suspension (sacral colpopexy)
  - Abdominal sacral colpopexy is a very useful technique if an abdominal approach is indicated for other reasons (adnexal mass) and is preferred by some surgeons for the treatment of recurrent prolapse after a prior surgical failure.

### 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	Sacrocolpopexy (Abdominal – Lap/open)	Vaginal Sacrospinus fixation with repair
<b>i. At the time of Pre-authorization</b>		
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes	Yes
Pelvic/Abdominal USG	Yes	Yes
Planned line of treatment	Yes	Yes
<b>ii. At the time of claim submission</b>		
Detailed indoor case papers	Yes	Yes
Investigation reports (if required)	Yes	Yes
Intra-operative photos (optional)	Yes	Yes
Detailed procedure/operative notes	Yes	Yes
Detailed Discharge Summary	Yes	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 history of previous hysterectomy, 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 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?
- 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 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. Standard Treatment Guidelines Obstetrics & Gynaecology. Ministry of Health & Family Welfare Govt. of India
2. DC Dutta. Textbook of Gynecology including contraception. Sixth Edition. 2013.