



Guidance document for processing PM-JAY packages

Excision of Vaginal Septum

Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Excision of Vaginal Septum (vaginal route)	Excision of Vaginal Septum (vaginal route)	S400074	SO028A	14,500

ALOS: 3 days

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO or 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 **Excision of Vaginal Septum**, 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:

TRANSVERSE VAGINAL SEPTUM

- A transverse vaginal septum results when there is failure of fusion and/or canalization of the urogenital sinus and Müllerian ducts and located at various levels in the vagina.
- The septa are generally less than 1 centimeter in thickness and may have a small central or eccentric perforation.



- The majority of transverse vaginal septa have a fenestration and are thus not completely obstructed.

Clinical presentation

- Children may present with mucocolpos, whereas adolescents may develop a mucocolpos, hematocolpos, or pyohematocolpos due to an ascending infection through the small perforation.

Evaluation

- On pelvic examination, the external genitalia appear normal, but on bimanual or speculum examination, the lower vagina is shortened and the upper vagina or cervix cannot be visualized. A mass may be palpated above the examining finger on rectoabdominal examination.
- Ultrasonographic imaging helps to define the location and thickness of the septum and the distance from the obstructing tissue to the level of the introitus. Ultrasound or magnetic resonance imaging (MRI) can be helpful to differentiate between a high septum versus congenital absence of the cervix.

Treatment

- A small, thin septum can be primarily resected, followed by an end-to-end anastomosis of the upper and lower vaginal mucosa.
- A thick septum is more difficult to excise and repair and has a higher risk of restenosis and obstruction. Excision should be attempted only by surgeons experienced with this procedure.

LONGITUDINAL VAGINAL SEPTUM

- Longitudinal septa are typically associated with uterine anomalies, such as septate uterus and uterus didelphys
- The septum that divides the vagina may be partial or complete

Clinical presentation

- The patient may note difficulty inserting tampons, persistent bleeding despite tampon placement, tearing of the septum with placement of a tampon or with coitus, and/or dyspareunia
- Patients may also be asymptomatic

Evaluation

- On physical examination a longitudinal vaginal septum will be able to be visualized as a fibrous structure dividing the vagina in half. The septum can involve the entire vagina or a part of the vagina. A single digital examination is helpful in making the diagnosis. A narrow speculum may be used if tolerated by the patient.
- Evaluation should include imaging of the upper reproductive tract to determine if there is a single uterus or two uterine structures. Imaging should also determine if there is a single cervix or two cervixes with one at the apex of each vagina. This can be accomplished with two-dimensional ultrasound, three-dimensional ultrasound, or MRI.

Treatment

- Surgery is not required in asymptomatic women with a longitudinal vaginal septum but will facilitate vaginal delivery.
- Treatment involves complete resection of the septum, with care to avoid compromise to the bladder and rectum.

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	Excision of Vaginal Septum
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Clinical Examination	Yes
Pelvic/Abdominal USG / MRI	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports (if done)	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):

- 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 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)

- 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 and clinical evaluation 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. Marc R Laufer. Congenital anomalies of the hymen and vagina – UpToDate. Last updated: June, 2020.