



Guidance document for processing PM-JAY packages

Examination under anesthesia (EUA)

Procedure covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	EUA for (minor girls / unmarried sexually inactive / victims of sexual abuse)	New Package	SO045A	2,000

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MS/MD/DNB/DGO or equivalent (Obstetrics & Gynecology); MCh/DNB/Equivalent in Pediatric Surgery (if applicable)

Special empanelment criteria/linkage to empanelment module: Care at tertiary hospital

Disclaimer:

For monitoring and administering the claim management process of **Examination under anesthesia (minor girls / unmarried sexually inactive / victims of sexual abuse)**, 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:

Pelvic examination under anesthesia is performed when a patient cannot be adequately examined without sedation or general anesthesia (eg., for reasons of physical or psychological discomfort) or to provide information that will help guide a subsequent surgical procedure.

Medical professionals who perform genital examinations should be appropriately trained and experienced. Trans-vaginal ultrasound scans, examinations under anaesthetic and evaluations for suspected sexual assault should only be performed by medical professionals who have satisfactorily completed relevant training or are under relevant clinical supervision.

Digital or instrumental vaginal examinations are unlikely to be indicated for a girl or young woman who states that she is NOT sexually active. If a visual inspection of the vaginal vestibule does not reveal the required information and further examination is deemed medically necessary, then an instrumental examination may be performed (with anaesthesia if necessary) by a trained and experienced medical professional.

To examine a minor or unmarried, informed consent from the parent or guardian is required.

EUA for minor girls

- Paediatric and adolescent girls regularly present with gynaecological problems.
- Vaginal examination may form an important part of the clinical evaluation; such an examination may be difficult in the peri-pubescent girl.
- This examination is performed under anaesthesia for genitourinary complaints that cannot be addressed with external evaluation and using the knee-chest examination, or in situations of suspected genitourinary pathology.
- It is important to obtain the history from the parent or parents, with the patient also being integrally involved in the process as age-appropriate.

The most common indications included assessment for:

- Vaginal stenosis
- Vaginal discharge
- Vaginal bleeding
- Pelvic pain
- Trauma
- Cystic or solid masses
- Suspected congenital anomalies
- Acute sexual abuse with a penetrating injury

EUA for victims of sexual abuse

In all three circumstances, it is mandatory to seek an Informed Consent/refusal for examination and evidence collection. Consent should be taken for the following purposes: examination, sample collection for clinical and forensic examination, treatment and police intimation.

Survivors of sexual violence may present to health care services with varying signs and symptoms.

- Severe abdominal pain
- Burning micturition
- Sexual dysfunction
- Dyspareunia
- Menstrual disorders
- Urinary tract infections
- Unwanted pregnancy
- Miscarriage of an existing foetus
- Exposure to sexually transmitted infections (including HIV/AIDS)
- Pelvic inflammatory disease
- Infertility
- Unsafe abortion
- Mutilated genitalia
- Self-mutilation as a result of psychological trauma

Section **164 (A) of the Criminal Procedure Code** lays out following legal obligations of the health worker in cases of sexual violence:

- Examination of a case of rape shall be conducted by a registered medical practitioner (RMP) employed in a hospital run by the government or a local authority and in the absence of such a practitioner, by any other RMP.
- Examination to be conducted without delay and a reasoned report to be prepared by the RMP.
- Record consent obtained specifically for this examination.
- Exact time of start and close of examination to be recorded.
- RMP to forward report without delay to Investigating Officer (IO), and in turn IO to Magistrate

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	Examination under anesthesia (minor girls / unmarried sexually inactive / victims of sexual abuse)
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Vaginal examination	Yes
Vaginal swab (in cases of sexual assault)	Yes
Informed consent from parents/adult patient	Yes

Depending on Etiology (optional) USG abdomen/pelvis CT/MRI	Yes
Planned line of treatment	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Detailed procedure/operative notes	Yes
Intra-operative photographs (optional)	Yes
Medicolegal case documentation (in cases of sexual assault)	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 (relevant medical/surgical history, sexual violence history, symptoms, signs, physical examination, examination for injuries (in sexual assault cases), local examination of genital parts/other orifices, informed consent, planned line of treatment, and advice for admission.
- Was vaginal swab done in sexual assault cases?

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?
- Was medicolegal case documented in case of sexual assault?
- Is the Discharge summary with follow-up advise at the time of discharge?

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 indication for procedure documented? Yes

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

References:

1. GUIDELINES & PROTOCOLS Medico-legal care for survivors/victims of Sexual Violence. Ministry of Health and Family Welfare. Government of India.
<https://main.mohfw.gov.in/sites/default/files/953522324.pdf>
2. Nakhal RS, Wood D, Creighton SM. The role of examination under anesthesia (EUA) and vaginoscopy in pediatric and adolescent gynecology: a retrospective review. J Pediatr Adolesc Gynecol. 2012 Feb;25(1):64-6. doi: 10.1016/j.jpog.2011.08.005. Epub 2011 Nov 3. PMID: 22051793.
3. Genital Examination of Young Girls. RACP Guideline. Updated April 2018
<https://www.racp.edu.au/docs/default-source/advocacy-library/genital-examinations-in-girls-and-young-women-a-clinical-practice-guideline.pdf>
4. William J Mann. Pelvic examination under anesthesia – UpToDate. Last updated: December, 2018.