



Guidance document for processing PM-JAY packages

Vulval Haematoma Drainage

Procedure count/ Procedures covered: 1

Specialty: Obstetrics & Gynecology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Vulval Haematoma Drainage	Vulval Haematoma Drainage	New Package	SO034A	3,000

ALOS: 1 day

Minimum qualification of the treating doctor:

Essential: MS/ MD/ DNB / PG Diploma or equivalent (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 **Vulval Haematoma Drainage**, 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:

Proceed with the drainage of vulval haematoma, after diagnosis is confirmed by the clinical manifestations, and backed by the reasons for such symptoms.

Indications of vulval haematoma drainage:

1. Large haematoma (≥ 5 cm) presenting as a painful tender swelling, bluish black in appearance, persistent pain in small hematoma
2. Persistently increasing size of the haematoma
3. Pallor/Shock, which is out of proportion to the clinical blood loss
4. Haematoma is causing retention of urine or tenesmus

Contraindications:

- Static / non increasing Small haematoma (< 3 cm) can be managed conservatively
- If existing signs of infection, drainage may be done under antibiotic cover but resuturing if required, should be done after infection resolves

Possible reasons of vulval haematoma:

- a. Injuries to the vulva as the result of direct trauma such as accidents, falling
- b. Inadequate hemostasis during suturing of an episiotomy or a perineal tear
- c. Following perineal operations or instrumental delivery
- d. Rupture of varicose veins esp. during pregnancy

Suggestive History – Examination – Investigations for Vulval Haematoma Drainage

History	Examination	Investigations
<ul style="list-style-type: none"> • Did she have an accident or fall? • Did she deliver in last few days? If yes: <ul style="list-style-type: none"> ○ Date of delivery ○ Place of delivery (institution/home) ○ Was episiotomy performed during delivery? • Persistent, severe pain in the perineal region • Retention of urine • Rectal tenesmus • Fever may be present • Did she have vulval varicose veins (especially during pregnancy) 	<ul style="list-style-type: none"> • Check vitals • Pallor and its severity • Local examination: tender, blackish/purple swelling at the vulva 	<ul style="list-style-type: none"> • Haemoglobin • Packed Cell Volume (PCV)

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	Vulval Haematoma Drainage
i. At the time of Pre-authorization	
Detailed Clinical notes with history, indications, symptoms, signs, examination findings and advice for admission	Yes
Delivery notes (whether haematoma is formed after delivery), if available/ reason for non-availability	Yes
ii. At the time of claim submission	
Detailed indoor case papers	Yes
Investigation reports	Yes
Detailed operative notes	Yes
Detailed Discharge Summary	Yes
Blood transfusion notes (if blood transfusion was given)	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

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 haematoma ≥ 5 cms and required drainage? Yes

PART IV: GUIDELINES FOR AUDITOR

- I. Time Interval between delivery and drainage?
- II. Proportion of hematoma to normal delivery taken place in the hospital?

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



References:

1. Padubidri, V., Daftary, S., (2015). Injuries of the Female Genital Tract. Shaw's Textbook of Gynecology, (199).
2. Dutta (2015). Injuries to the Birth Canal. Text Book of Obstetrics including Perinatology & Contraception, (492-493).