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Menorrhagia Management

Adjudication Rule

Table of content

Abstract	Scope	Adjudication Policy	Adjudication examples	Denial codes	Appendices
Page 1	Page 2	Page 2	Page 3	Page 3	Page 3

Abstract

For Members

Menorrhagia is excessive (heavy), cyclical menstrual bleeding over several cycles. In practice, it is defined by the woman's subjective assessment of blood loss. In research, it is usually defined as an objectively measured blood loss of 80 ml or more per period. Menorrhagia can occur at any age between menarche and menopause.

It is defined as menstruation at regular cycle intervals but with excessive flow and duration and is one of the most common gynecologic complaints in contemporary gynecology. Clinically, menorrhagia is defined as total blood loss exceeding 80 mL per cycle or menses lasting longer than 7 days. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. In practice, measuring menstrual blood loss is difficult. Thus, the diagnosis is usually based upon the patient's history.

Causes of menorrhagia can be: local causes, generalized causes or other causes.

Treatment of Menorrhagia can be: a medical treatment (a hormonal or a non-hormonal treatment) or a surgical treatment.

For Medical Professionals

This adjudication rule aims to highlight the coverage policy of treatment of menorrhagia for all the health plans administered by Daman.

Approved by:
Daman

Responsible:
Medical Strategy &
Development Department

Related Adjudication Rules:
None

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Scope

This adjudication rule explains the policy of Daman on the coverage and the medical necessity of treatment of Menorrhagia.

Treatment modalities for menorrhagia are given below:

1. Medical treatment:

Non-hormonal:

- Iron supplementation is given, if the condition is coupled with anemia
- Tranexamic acid is a non-hormonal medication that promotes blood clotting. Dosage is 1 to 1.3g three times daily for 5 days during the menstruation period
- Prostaglandin inhibitors are non-steroidal anti-inflammatory medications, including Mefenamic acid, ibuprofen or Naproxen, which help reduce cramping and the amount of blood expelled. Dosage is to be taken daily for 5 days during the menstruation period.

Hormonal:

- Combined oral contraceptives: to inhibit ovulation.
- Cyclical (21 days) progesterone.
- Levonorgestrel releasing intrauterine system (Mirena) provided long-term (at least 12 months) use is anticipated.
- Injected progestogen.
- Gonadotropin releasing hormone analogue (GnRH-a).

2. Surgical treatment:

I. Endometrial ablation:

- Chemical ablation with trichloroacetic acid
- Cryoablation (freezing).
- Electrosurgical ablation (e.g., electric rollerball, resecting loop with electric current, triangular mesh with electrical current) Cryoablation.
- Laser.
- Microwave endometrial ablation.
- Radiofrequency ablation.
- Thermoablation (e.g., heated saline, thermal fluid-filled balloon).

II. Uterine artery embolization (UAE).

III. Myomectomy.

IV. Hysterectomy.

Adjudication Policy

Eligibility / Coverage Criteria

Treatment of menorrhagia is covered for all the Health Insurance Plans administered by Daman if medically justified, subject to policy terms and conditions.

- Daman covers Ultrasound (trans-vaginal or pelvic) in Menorrhagia as it is the first-line diagnostic tool for identifying structural abnormalities.
- Daman will cover IUD in the treatment of menorrhagia when medically necessary only for the health plans with Maternity Benefit.
- Daman covers surgical treatment for menorrhagia only when medical treatment (hormonal and non-hormonal) has failed after a total of 6 months of trials.
- According to NICE and Cleveland Clinic guidelines, operative hysteroscopy coupled with directed hysteroscopic endometrial sampling is the gold standard to evaluate the uterine cavity.
- Daman considers Endometrial ablation as medically necessary in Menorrhagia for women who meet All the following criteria:
 - Menorrhagia did not respond to hormonal therapy or other pharmacotherapy for 6 months, and
 - Endometrial sampling has excluded an endometrial cancer or a pre-cancer, or structure abnormalities (polyps, fibroids) that require surgery, and
 - Pap smear and gynecologic examination has excluded a significant cervical disease.

When Menorrhagia is combined with Uterine Fibroids, Daman considers:

- endometrial ablation as medically necessary if fibroids measure <3cm in diameter
- Uterine artery embolization (UAE) medically necessary as first line of treatment if fibroids >3 cm in diameter and if the patient wants to retain uterus +/- avoid surgery.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Treatment for menorrhagia due to any uncovered service will not be covered e.g.: menorrhagia due to Intra Uterine Device (IUD) use or due to withdrawal of Oral Contraceptive Pills (OCPs).

Daman does not cover “photodynamic endometrial ablation” as a technic for endometrial ablation because it is experimental, investigational and there is no sufficient scientific evidence to support its effectiveness.

According to NICE and Cleveland Clinic guidelines, dilatation and curettage (D&C) is no longer considered as an effective surgical treatment for Menorrhagia, based on clinical trials it has been shown to be effective only at the first menstruation after the intervention; therefore Daman is not covering dilatation and curettage (D&C) in the treatment of Menorrhagia.

Daman does not cover the “Mirena®” Intra-uterine Device (IUD) in the treatment of menorrhagia if patient is known or suspected with pelvic infection.

Daman does not cover the following investigations in Menorrhagia because they are not recommended:

- Direct or indirect menstrual blood loss measurements
- Serum ferritin test
- Thyroid testing
- Saline infusion sonography as first-line diagnostic investigation
- MRI, unless other conventional imaging studies are inconclusive.

Daman does not cover the following treatments in Menorrhagia because they are not recommended:

- Oral progestogens in the luteal phase only
- Danazol
- Etamsylate
- Dilation and curettage (D&C)

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: A 40 year old mother of five, holding a Basic card presents complaining of heavy periods; she has been on Tranexamic acid for 1 month with no relief. Patient has completed her family and has undergone tubal ligation. She demands an IUD as she does not want surgical treatment. Will this treatment be covered for this lady?

Answer: The treatment will not be covered because the medical treatment with non-hormonal should be evaluated only after 3 months and the case can be rejected under MNEC-003.

Example 2

Question: A 30 Year old female holding Thiqa card comes to the clinic with history of heavy periods. She has one 9 months old child and she is not willing to take any oral medication and wants IUD as she wants as fertility control. Will this treatment be covered for this lady?

Answer: The treatment will not be covered and the case to be denied with NCOV-003.

Denial codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service done more than once
NCOV-003	Service(s) is (are) not covered

Appendices

A. References

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