

# Management of Heavy Menstrual Bleeding

## Adjudication Guideline

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Medical

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# 1. Abstract

## 1.1 For Members

Heavy Menstrual Bleeding (HMB), also used to be known as menorrhagia, is a common condition where menstrual bleeding is abnormally heavy or prolonged. Clinically, it is defined as losing more than 80 mL of blood per cycle or cycle lasting for more than seven days. Because measuring blood loss is difficult, diagnosis is usually based on symptoms such as frequently changing pads or tampons every hour for several hours in a row, passing large clots, or needing double sanitary protection, limited daily activities due to heavy menstrual flow, feeling tired, fatigued or short of breath as the result of blood loss, and getting up at night several times to change sanitary pads or tampons.

HMB can be caused by hormonal imbalances, fibroids, polyps, bleeding disorders, or other medical conditions. It may lead to anemia and significantly affect daily life.

Treatment options include hormonal therapies (like IUDs or oral contraceptives), non-hormonal medications (such as tranexamic acid or NSAIDs), and surgical procedures like endometrial ablation or hysterectomy, depending on the cause and severity.

## 1.2 For Medical Professionals

Heavy Menstrual Bleeding (HMB), a form of Abnormal Uterine Bleeding (AUB), refers to any deviation from the normal menstrual cycle. Laboratory evaluation of the patient is essential in guiding the treatment and management of the patient.

Alongside the hemodynamic status of the patient where the first line treatment in a hemodynamically stable patients is hormonal therapy.

**Treatment modalities for HMB are given below:**

**Medical treatment:**

**Non-hormonal:**

- Iron supplementation is given if the condition is coupled with anaemia.
- 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).

## Surgical treatment:

- 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).
  - Uterine artery embolization (UAE).
  - Myomectomy.
  - Hysterectomy.

## 2. Scope

This adjudication rule highlights Daman's policy on the coverage and the medical necessity of treatment of Heavy Menstrual Bleeding.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

- Treatment of Heavy Menstrual Bleeding 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 Heavy Menstrual Bleeding as it is the first-line diagnostic tool for identifying structural abnormalities.
- Daman will cover IUD in the treatment of Heavy Menstrual Bleeding when medically necessary only for the health plans with Maternity Benefit.
- Daman covers surgical treatment for Heavy Menstrual Bleeding 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 Heavy Menstrual Bleeding for women who meet all the following criteria:
  - Heavy Menstrual Bleeding did not respond to hormonal therapy or other pharmacotherapy for six 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 gynaecologic examination has excluded a significant cervical disease.
- When Heavy Menstrual Bleeding 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.

## 3.2 Requirements for Coverage

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

## 3.3 Non-Coverage

- Treatment for Heavy Menstrual Bleeding due to any uncovered service will not be covered e.g.: HMB 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 international guidelines, dilatation and curettage (D&C) is no longer considered as an effective surgical treatment for Heavy Menstrual Bleeding, 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 Heavy Menstrual Bleeding.
- Daman does not cover the “Mirena®” Intra-uterine Device (IUD) in the treatment of Heavy Menstrual Bleeding if patient is known or suspected with pelvic infection.

- Daman does not cover the following investigations in Heavy Menstrual Bleeding 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 Heavy Menstrual Bleeding because they are not recommended:
  - Oral progestogens in the luteal phase only.
  - Danazol.
  - Etamsylate.
  - Dilation and curettage (D&C).

### 3.4 Payment and Coding Rules

Please apply Regulator 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.

## 4. 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 /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered

## 5. Appendices

### 5.1 References

- [https://www.uptodate.com/contents/abnormal-uterine-bleeding-in-nonpregnant-reproductive-age-patients-terminology-evaluation-and-approach-to-diagnosis?search=menorrhagia&source=search\\_result&selectedTitle=1%7E150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/abnormal-uterine-bleeding-in-nonpregnant-reproductive-age-patients-terminology-evaluation-and-approach-to-diagnosis?search=menorrhagia&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1)
- <https://www.ncbi.nlm.nih.gov/books/NBK536910/#article-24986.s8>
- <https://www.nice.org.uk/guidance/ng88/resources/heavy-menstrual-bleeding-assessment-and-management-pdf-1837701412549>
- <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/04/management-of-acute-abnormal-uterine-bleeding-in-nonpregnant-reproductive-aged-women>
- <http://mayoclinic.org/diseases-conditions/menorrhagia/symptoms-causes/syc-20352829?p=1>

### 5.2 Revision History

Date	Change(s)
01/07/2013	V1.0 <ul style="list-style-type: none"> <li>• Release</li> </ul>
15/07/2014	V2.0 <ul style="list-style-type: none"> <li>• Disclaimer updated as per system requirements</li> </ul>
31/12/2024	V3.0 <ul style="list-style-type: none"> <li>• New template</li> <li>• Content update</li> <li>• Reference update</li> </ul>
02/06/2025	V4.0 <ul style="list-style-type: none"> <li>• Guideline name updated to "Heavy Menstrual Bleeding"</li> <li>• General Content review.</li> </ul>

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