Menorrhagia Management

Adjudication Guideline

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Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Medical Standards & Research	N/A

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1. Abstract

1.1 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.
Menorrhagia is the most common gynaecologic complaints in contemporary gynaecology. Clinically, menorrhagia is defined as total blood loss exceeding 80 mL per cycle or menses lasting longer than 7 days.
In practice, measuring menstrual blood loss is difficult. Thus, the diagnosis is usually based upon the patient's history.
Treatment of Menorrhagia can be a medical treatment (a hormonal or a non-hormonal treatment) or a surgical treatment.

1.2 For Medical Professionals

Menorrhagia or also known as Abnormal uterine bleeding (AUB) is the name given to describe any deviation from the normal menstrual cycle. The average cycle lasts 29 days with a range of 23-39 days with bleeding episodes lasting 2-7 days. 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 hemodynamic stable patient is hormonal therapy. While the initial goal of the treatment in hemodynamic unstable patient is to stabilize the patient before any surgical interventions.

Treatment modalities for menorrhagia 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 the policy of Daman on the coverage and the medical necessity of treatment of Menorrhagia.

3. Adjudication Policy

3.1 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 gynaecologic 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.

3.2 Requirements for Coverage

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

3.3 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 international 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).

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.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

5.2 Revision History

Date	Change(s)
01/07/2013	V1.0 • Release
15/07/2014	V2.0 • Disclaimer updated as per system requirements
02/01/2025	V3.0 • New template • Content update • Reference update