

Technical Adjudication & Submission Guide (Ideal State)

Framing: Approval may be required based on (1) the service code, (2) the diagnosis code, and (3) the paid amount threshold. In addition, all IDs must follow strict formatting.

1) Services Requiring Prior Approval

Service Code	Description	Approval Required?
SRV1001	Major Surgery	YES
SRV1002	ICU Stay	YES
SRV1003	Inpatient Dialysis	NO
SRV2001	ECG	NO
SRV2002	Flu Vaccine	NO
SRV2003	Routine Lab Panel	NO
SRV2004	X-Ray	NO
SRV2006	Pulmonary Function Test	NO
SRV2007	HbA1c Test	NO
SRV2008	Ultrasonogram – Pregnancy Check	YES
SRV2010	Outpatient Dialysis	NO
SRV2011	Cardiac Stress Test	NO

2) Diagnosis Codes Requiring Approval

Diagnosis Code	Diagnosis	Approval Required?
E11.9	Diabetes Mellitus	YES
E66.3	Overweight	NO
E66.9	Obesity	NO
E88.9	Metabolic Disorder	NO
G43.9	Migraine	NO
J45.909	Asthma	NO
N39.0	Urinary Tract Infection	NO
R07.9	Chest Pain	YES
R51	Headache	NO
R73.03	Prediabetes	NO
Z34.0	Pregnancy	YES

3) Paid Amount Threshold (in addition to the above)

Any claim with paid_amount_aed > AED 250 requires prior approval, in addition to any approval needs arising from service code or diagnosis code.

4) ID & Unique ID Formatting

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•	All IDs must be UPPERCASE alphanumeric (A–Z, 0–9).
•	unique_id structure: first4(National ID) – middle4(Member ID) – last4(Facility ID).
•	Segments must be hyphen-separated (e.g., AB12-34CD-9XYZ).
•	The rule engine must verify segment sources and casing.