

# Preauthorization Protocol

## Minimum Data Set - MDS



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## Standard Insurance Plans

Preauthorization should be requested subject to the following:

### **Outpatient:**

- Any service procedure exceeding the preauthorization threshold (shown in eligibility response) per visit subject to gross prices of services excluding consultation & Medications cost.
- Colonoscopy, Endoscopy, Angiography, Chemotherapy, Radiotherapy & Medical Devices (Nebulizer, Glucometer, strips, etc.).
- Physiotherapy sessions.
- General Medical Check-up (if it is covered subject to the member's scheme).
- Hearing aids (Hearing aids providers only).
- Optical Benefit services (Medical lenses & Frame). (Optical shop only).
- Dental Services.
- Dialysis. (Required for all Dialysis services).
- Autism, psychiatry, Alzheimer.
- Circumcision & Ears piercing.

### **Inpatient:**

- Elective cases
- Day case procedures that need hospitalization for surgical or medical treatment
- Non-emergency admissions
- Delivery (NVD or CS)
- Notice: Inpatient extensions should be under the same approval reference.

However, at the first of new month it should be under new approval number.

## Special Insurance Plans

### **No Pre Auth.is Required:**

- If eligibility response shows "No Pre Auth.is required" all OP services do not require preauthorization irrespective of the cost and type of the service if it is covered subject to TOB.
- However, preauthorization is still required for in-patient admissions and other benefits with sublimit: (Optical, Dental, Hearing aids, dialysis, autism, psychiatry, Alzheimer, Circumcision, ear piercing) and Maternity subject to ANC protocol.

### **Emergency Cases:**

- No Preauthorization is required before admitting the member.
- Preauthorization has to be submitted to Tawuniya within 24 hours following the patient's arrival to ER.

## Dental Protocols

- Pre-authorization required for all Services according to dental coverage in policy.
- The Provider will seek pre-authorization ONLY for the services that can be rendered at one dental appointment.
- Preauthorization should be not requested on advance for services of each preauthorization episode.
- MDS (tooth number, attachments & radiographs) is required for an automated approval.
- ICD 10 should match the requested services and please follow ADA and SBS V2 Tawuniya circular guide.

## Medication For Outpatient Visits

Preauthorization should be requested when:

- Total medications cost exceeds the preauthorization threshold (shown in eligibility response).
- Medicine supply for more than one month.
- Certain types of drugs as:
- Biologic & PCSK9 inhibitors.
- Devices.
- GLP-1 agonists
- Milk formula.
- Growth hormone/ Decapeptyl.

## Optical Related Protocols

### Frame:

- The frame dispensed should be a medical frame.
- The code of the frame should be related to a medical frame.
- No frame of Sunglasses should be dispensed and/or given even if the lens of the sunglasses are changed to a medical lenses and this example will be recorded as fraud.
- Products of sunglasses are totally not allowed to be dispensed under insurance coverage.

### Optical Lenses:

- Coloring/tinting of lenses is not covered in any client's policy.
- Photochromic/polarized/transition lenses is not covered and should not added in the invoice of insurance.
- Clients can add uncover services to his medical glasses only under cash base.
- Normal lens which should include different coating options such as Blue light reduction, UV protection, Anti-reflective and Scratch-resistant with no additional cost.

### Glasses Power:

- Any sphere power of 0.25 Diopter or less unilateral/bilateral with no cylinder power of more than 0.25 DC is not to be dispensed.

### Reading Ready Glasses:

- Are not allowed to dispense and clients should be examined and provide him/her a made medical eyeglasses based on their needs.

#### **Contact lenses:**

- Only clear medical contact lenses with power are allowed for policies that include contact lenses as a part of their optical benefit, CL prescription must be attached.
- Tinted cosmetic lenses is not covered, even if it has power.

#### **Optical Prescriptions:**

- Member's optical prescription must be uploaded as a supporting document for approval whether the refraction was preformed inside the optical shop or provided from other external ophthalmology clinic.
- The attached prescription must be clear including the examiner's stamp.

### **Maternity Protocol Outpatient Services**

#### **Uncomplicated Pregnancies:**

- Pre-Authorization is required for the first maternity visit only.
- Following visits do not require a Pre-Authorization if the provider is following the standard Maternity Protocol as follows:

<b>Protocol of antenatal care</b>	
Initial workup, one-time services	Blood group & Rh
	RBS
	CBC
	Toxoplasma IGG
	Rubella IGG
	HBsAg
	Routine urine analysis
	Toxoplasma IGM (in case of positive IGG)
	rubella IGM (in case of positive IGG)
	HIV/AIDS
1 <sup>st</sup> trimester	Follow up visit every 6 weeks (2 visits)
	One fetal ultrasound /6 W & One fetal ultrasound / visit
	Urine for sugar and albumin, each visit
	One CBC
	Supplements of calcium, iron & folic acid can be prescribed every visit
2nd trimester	Follow up visit every 6 weeks (2visits)
	One follows up fetal ultrasound /6 W & One fetal ultrasound / visit
	Urine for sugar and albumin, each visit

	One CBC
	Supplements of calcium, iron & folic acid can be prescribed every visit
3rd trimester	7th & 8th month: Follow up every 4 weeks (2visits)
	9th month onward: Follow up every week 2visits)
	One fetal ultrasound / visit
	One CBC
	Urine for sugar and albumin, each visit

**Notice:**

- In case of complication or non-routine ANC services, preauthorization request shall be sent for each visit.
- Post assisted pregnancy care is covered For CHI policies.
- Normal and Caesarean Section (if medically justified) are covered.
- Any Additional service on top of the maternity Protocol schedule Require a Pre-authorization.
- Any admission or day Care required preauthorization from Tawuniya.
- All emergency cases do not require Pre-authorization before admitting the member, Pre-authorization must be requested from Tawuniya within 24 H following the patient's arrival to the ER.

## Scope of MDS (Minimum Data Set) - Different Specialties

The aim of this protocol is to identify the minimal medical requirements for each medical condition to:

- Reducing the patient waiting time.
- Avoid any unnecessary rejections due to lack of submitted medical information.
- Minimize the further information required as much as possible.
- Enhance customer experience as well as the approval journey.

We appreciate to go through the below requirements and ensure submitting all data required from the first time.

## General Data Required for All Preauthorization Requests

### **Detailed Medical Information including**

- Chief complaint.
- Symptoms and signs.
- Clinical examination.
- Insert ICD-10 codes.
- Clear provisional diagnosis (differential diagnosis).
- Past medical history clarifying if previously diagnosed with same current condition (yes/no and duration if any).
- Admission history during last 12 months at your facility or at any other hospital (yes/no and details if any).
- Medication history
- Allergy history

### **Supporting documents**

- Radiology reports if mandatory to achieve diagnosis.
- Lab work/investigations report that confirm provided medical data.

## Non-elective Hospitalization

### **Primary admission request**

- Valid clinical diagnosis along with related admission criteria as per clinical guidelines
- Supportive clinical data and investigation
- Management plan
  - E.g. Diagnosis (J18.0) Bronchopneumonia, unspecified
    - For all patients CURB65 score should be interpreted in conjunctions with clinical judgement. *Patient CURB65 score of 0 or 1 are at low risk of death Osuitable for home treatment. (adopted from BTS Guidelines CAP in adults)*
    - Clinical evaluation should show Respiratory rate, SPO2 on Room air, base line SPO2 is quite mandatory to be documented upon admission as part of discharge criteria and Blood pressure.
    - Lab work (blood gases), plain radiology report, serum urea.
- Goal of in hospital management and discharge plan.

### **Hospital admission extension**

- Avoid admission clinical presentation resubmission.
- Detailed clinical evaluation daily progress notes and lab work that interfere with management plan.
- Be sure that extension request to be related to admission reference number with exception for 1<sup>st</sup> day of new month to be submitted under new approval reference.



## Pediatrics and Neonatology

### Milk formula

- Cow milk allergy and lactose intolerance
  - Serum IGE report and skin test result.
  - Detailed medical report including full clinical criteria supportive of diagnosis with signs and symptoms.
- Preterm
  - NICU report (showing birth weight).
- Metabolic diseases
  - Enzyme essay.

### Growth hormone

- Growth chart (Saudi growth chart) showing measures over 6 months to indicate growth velocity.
- Mid-parental height
- Growth hormone stimulation test after authorization considering patient meets clinical term definition of short stature.
- Medical data should include patient height and age.

## Obstetrics and Gynecology

### Ante-Natal Care (ANC)

- LMP (Last menstrual period) in Georgian date.
- US report.
- State if pregnancy spontaneous or assisted.
- Matching ICD-10 coding to gestational age and the requested procedure.

### Elective surgeries

- Endometriosis & fibroids
  - Transvaginal US, abdomen US and/or advanced imaging reports if essential for proper diagnosis of the pathology.
  - Complete blood pictures if main complaint related to vaginal bleeding.
  - Histopathology report if done to confirm a diagnosis and impact management decision.
- Pelvic organ prolapses.
  - Local examination with grading.
  - Urodynamic study.
  - Ultrasound report if done.
- Polycystic ovary syndrome.
  - Pelvic or transvaginal ultrasound.
  - In small sized simple cysts serial US reports over 3 months duration.

## Pulmonology And Sleep Disorders

### **OFEV for IPF (interstitial pulmonary fibrosis)**

- Documented diagnosis of IPF after exclusion of other causes of interstitial lung disease.
- HRCT (high resolution computed tomography) report revealing IPF.
- In patients subjected to lung biopsy, histopathology report confirming IPF.
- Prescribed by pulmonologist.

### **COPD (chronic obstructive pulmonary disease (admission))**

- Spirometry.
- Plain radiology of chest report.
- Arterial blood gases.

### **Sleep disorders.**

- Sleep study.
  - ENT evaluation report.
  - Stop Bang score or/and Epworth sleepiness scale reports.
- CPAP device
  - Polysomnography report
- BiPAP device
  - Polysomnography report.
  - Blood gases report.

## Cardiology

### **Acute chest pain**

- Specify either cardiogenic or non-cardiogenic as per AHI recent guidelines.
- Clinical risk stratification tool to be included (HEART score)
- Only investigations indicated for Cardiogenic chest pain.
  - Serial ECG
  - Serial highly sensitive TROP I
  - Chest x-ray (*Adopted from AHI Guidelines for emergency management of chest pain*)

### **Chronic coronary syndrome**

- ECG
- Echocardiogram report.
- Current medication, its duration and patient compliance.
- Plus, one or more of
  - Stress ECG with TDS score.
  - Noninvasive testing (CTCA, stress echo, .... etc.).
  - Previous coronary angiography report.

### **CABG (Coronary Artery Bypass Graft)**

- Coronary Angiography (CAG) report.

### **Valve replacement, congenital heart disease and CRT device**

- Detailed Medical Report (with NYHA class).
- Echocardiogram report.

### **Decompensated Heart failure admission**

- Detailed clinical data (vital signs, SPO2 on room air, chest auscultation)
- Echocardiogram.
- Arterial blood gases.

### **EPS, Pacemaker, ICD device**

- Documented episodes of arrhythmia (EMR visit reports with ECG)
- ECG
- Echocardiogram report.
- Holter full length report.
- Current medications with doses and duration and patient compliance.
- Recent coronary assessment.

## **Internal Medicine**

### **Hypertension**

- BP chart when first diagnosed.
- Ambulatory blood pressure monitor
  - Documented fluctuating BP.
  - Documented episodes of hypotension.
  - Documented uncontrolled BP readings despite medical therapy.

### **Diabetes**

- HBA1c to be provided with therapeutic target for the patient.
- GLP-1 drug therapies 1<sup>st</sup> dispense.
  - Documented 1<sup>st</sup> line oral therapies for 3 months with failure to achieve therapeutic target as per associated co morbidities.
  - Recent HBA1c confirming failure of oral therapies.
- Tirzepatide (Mounjaro) medical therapy for 1<sup>st</sup> dispense.
  - Diagnosis of diabetes type 2
  - Documented failure of Inadequate glycemic control on at least 1mg of semaglutide (Ozempic) injection plus two or more glucose lowering drugs (metformin, empagliflozin, insulin, pioglitazone, sulfonyleurea) for at least 6 months<sup>3-8</sup>
  - HBA1c reports
    - On start of GLP-1 treatment
    - Recent HBA1c on start of Mounjaro.
- Insulin pump (following CHI recommendations)
  - Full detailed medical report signed by endocrinology consultant defining all CCHI key components of high-quality insulin pump therapy with the following documents:
  - < 12 Y: daily insulin dose - duration of treatment and HBA1C reports.

*Adopted from CHI clinical guidelines for insurance coverage of Mounjaro.*

- > 12 Y: all above + admission history for hypoglycemia or DKA.

#### **Hyperlipidemia and related therapy**

- Lipid profile.
- In case of statin intolerance:
  - Liver function tests and CPK enzyme report
- For Leqvio, Repatha, Praluent:
  - Recent LDL.
  - documented failure on oral anti DSL with maximum tolerated doses therapy for at least 12 weeks in last 6 months. (Electronic visits reports with prescription copies, follow up should state patient compliance to oral therapy)
  - Risk stratification of the patient with associated therapeutic target.

#### **Pancreatitis**

- Serum lipase level.
- Radiology report.
- History of GLP-1 drugs and alcoholism if any.

#### **Chronic Kidney Disease (CKD)**

- Serum creatinine.
- Glomerular filtration rate (GFR).
- Renal ultrasound.

#### **Crohn's Disease & Ulcerative Colitis**

- Colonoscopy with biopsy reports.
- Stool tests, blood tests (e.g., CRP, ESR).

#### **Fibroscan**

- Liver functions test results.
- Abdominal Ultrasound.

#### **Allergy biologics (Dupixent, Xolair....)**

- Documented failure of 1<sup>st</sup> line therapies local and systemic.
  - Prescriptions showing doses and doses adjustments.
  - EMR report of consultations and follow ups showing disease scoring scale degrees as per clinical guidelines recommended scoring systems.
- CBC with eosinophilic count if essential for diagnosis
- IGE report for IGE mediated clinical diagnoses.

## ENT

### **Nasal surgeries for chronic sinusitis**

- Past medication history and duration (documented failure of appropriate medical therapy for at least 6-12 weeks with doses and response to it).
- Radiology report.

## Neurology

### **Migraine headache**

- Number of attacks per month.
- Current, past medications history and duration of each.
- documented failure of 1st line medical therapies for at least 8 weeks within last 3 months with doses and dose adjustment and response to it.

### **Multiple sclerosis (MS)**

- Brain MRI report.
- Previous medication history.

## Surgery

### **Cholecystectomy**

- Abdominal ultrasound.

### **Perianal fistula**

- MRI fistulogram.

### **Warts**

- Site, size, and number.

### **Chronic peripheral ischemia and endovascular surgery**

- Doppler, duplex, or CT Angio reports.
- Local clinical evaluation.

### **Varicose vein**

- Duplex ultrasound report.

### **Varicocelelectomy**

- Color doppler US report showing degree.
- Semen analysis is required in patients above 20 years old.
- Mention if related to infertility or not.

### **Bariatric surgery**

- Official electronic Inbody report showing BMI.

### **Benign Prostatic Hyperplasia (BPH)**

- Determine disease severity score in response to medical therapy using International Prostate Symptom Score (IPSS)
- Ultrasound prostate.
- Digital rectal examination.

- Uroflowmetry.
- PSA (Prostate-specific antigen) blood test.

## Orthopedics

### Physiotherapy

- Duration of complaint associated yellow flags, red flag signs.
- Documented failure of medical therapy and self-management home based recommended exercise for at least 4 -6 weeks.
- Attendance sheet to state patient compliance to provided program in FUP visits and response to it using recommended severity scale whenever valid.
- Radiology reports showing angle degrees or grading of disease severity based on diagnosis.
- Cervical and low back pain:
  - Duration of illness + if radiculopathy associated.
- Submission of PT modalities that corresponds to clinical diagnosis as per clinical Guidelines.

### Osteoarthritis and injections

- Radiology report and mention degree of OA.

### Orthopedic surgeries

- Scoliosis:
  - X ray long film showing Cobb angle.
- Disc prolapse:
  - MRI report.
- Fracture
  - X ray and/or
  - CT report.
- Arthroscopic procedures
  - MRI report, previous conservative measures.
- Deformities correction:
  - Etiology, radiology (CT scanogram with angles and lengths when impact with plan of management).
- Arthroplasty:
  - X ray report showing degree of osteoarthritis.

### Trauma

- Circumstances of trauma? When? Where?
- Work related or not?
- If related to sport, clarify if professional player or not?
- Road traffic accident cases
  - Police Report showing the responsibility.
  - Guarantee Letter signed by the patient (If patient responsibility is not 100%).

## Ophthalmology

### Keratoconus

- Belin ambrosio Pentacam.

### Retinal injection

- OCT.

### Cataract

- UCVA and BCVA.

### Glaucoma

- Type and etiology.
- IOP.

### Squint

- Etiology.
- Functional benefit.

### Refractive surgeries

- Refraction test report.

### Ptosis repair

- Visual field.

## Rheumatology

### Rheumatoid arthritis and biological therapy

- Diagnostic investigations.
- History of previous medication and duration.
- DAS score.

### Psoriasis and biological therapy

- History of previous medication and duration.
- PASI score.

### Axial SPA MRI sacroiliac joint.

- History of previous medication and duration.

### Osteoporosis

- Etiology.
- Bone Marrow density report (DEXA) , FRAX score if done.

## Oncology

### Chronic Lymphocytic Leukemia

- Complete blood count (CBC).
- Peripheral blood smear.
- Flow cytometry.
- Bone marrow biopsy.

### Tumors and related therapies

- Histopathology report for first time diagnosis.
- Radiology.
- TNM staging.
- Planned chemo cycles and duration.

## Devices

### Blood Pressure Device

- BP chart if first time diagnosed.

### Glucometer

- HBA1C report.

### Nebulizer

- Detailed history of Asthma.

### Hearing aid devices

- Audiogram.



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