

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:

Protocol of antenatal care	
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 st 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* *0 suitable 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 1st 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 1st dispense.
 - Documented 1st 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 1st 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, sulfonylurea) for at least 6 months³⁻⁸
 - HBA1c reports
 - On start of GLP-1 treatment
 - Recent HBA1c on start of Mounjaro.
- *Adopted from CHI clinical guidelines for insurance coverage 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.

- > 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 1st 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.

Varicocelectomy

- 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.

Glucoma

- 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.

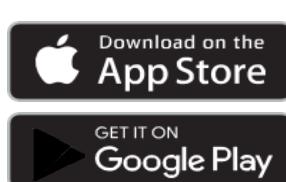
Hearing aid devices

- Audiogram.

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