

# Hepatitis B and C (Plan wise coverage) Adjudication Guideline

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Medical

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## 1. Abstract

### For Members

Hepatitis is a disease that causes inflammation of the liver. Viral hepatitis, including hepatitis A, hepatitis B, and hepatitis C, are distinct diseases that affect the liver. Treatments for hepatitis also depend on the type, which is determined by confirmatory laboratory tests.

Treatment of Hepatitis B & C is covered only for those health insurance plans with the specific benefit, subject to policy terms and conditions.

### For Medical Professionals

Treatment for hepatitis B and C is covered only for those health insurance plans with the specific benefit, subject to policy terms and conditions.

## 2. Scope

The scope of this guideline is to list the plan wise coverage of Hepatitis B and C.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

#### Eligibility / Coverage Criteria

##### 1. Medical Indications:

The coverage of treatment for hepatitis B and C for the various Daman plans are shown in the table below and it is subjected to policy SOB` s.

Daman Plans	Coverage of Treatment of Hepatitis B & C	Mode of Payment
Visitors plan	Not covered	NA
Basic plan	Not covered	NA
Enhanced Sahtak Plan	Not covered	NA
Enhanced Sahtak UG Plans	Not covered	NA
Enhanced Series except Plus plans	Not covered	NA
Enhanced Platinum Plus Enhanced Gold Plus Enhanced Silver Plus	Covered  (Maximum Annual limit of AED 50,000 Per Person)	Reimbursement as per SOB

Core Series	Not covered	NA
Thiqa	Covered	Direct billing as per SOB
Premier/ Premier DNE	Covered	Direct billing as per SOB
Thiqa top up plans Premier TC1 Premier TC2 Premier TC3 Premier TC4  Enhanced Platinum Plus TC1 Enhanced Platinum Plus TC2 Enhanced Platinum Plus TC3 Enhanced Platinum Plus TC4  Enhanced Gold Plus TC1 Enhanced Gold Plus TC2 Enhanced Gold Plus TC3 Enhanced Gold Plus TC4  Enhanced Silver Plus TC1 Enhanced Silver Plus TC2 Enhanced Silver Plus TC3 Enhanced Silver Plus TC4  Enhanced Bronze TC1 Enhanced Bronze TC2 Enhanced Bronze TC3 Enhanced Bronze TC4  TC Plus 2 TC Plus 3 TC Plus 4	Covered	Direct billing with pre Authorization as per SOB
Essential Benefits Plan	Not covered	NA
Select Series except Plus plans	Not covered	NA
Select Platinum Plus Select Gold Plus Select Silver Plus	Covered  (Maximum Annual limit of AED 50,000 Per Person)	Reimbursement as per SOB
Secure Series	Not covered	NA
Care Series	Not covered	NA
Classic Series	Not covered	NA
CoGenio Series	Covered	Direct billing as per SOB
Customized plans	Will be covered only if mentioned in the SOB	As per SOB

## 3.2 Requirements for Coverage

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

## 3.3 Non-Coverage

Treatment for hepatitis B and C is specifically excluded under some Daman administered health insurance plans. Some benefit plans include a maximum allowable benefit for annual limit for treatment of hepatitis B & C. When the maximum allowable benefit is exhausted, coverage will no longer be provided even if the criteria for medical necessity are met.

## 3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT.

## Adjudication Examples

### Example 1

Question: A 45 year old male patient (holding Abu Dhabi plan), diagnosed with hepatitis B, has been prescribed Lamivudine. Answer: The treatment will not be covered for this patient, as it is a general exclusion of the policy.

### Example 2

Question: An Enhanced Gold Plus plan holder diagnosed with HCV has been advised to undergo therapy with Pegylated interferon. Answer: The treatment will be covered on reimbursement basis, up to a maximum limit of AED 50,000 PPP

## 4. Appendices

### 4.1 References

<http://emedicine.medscape.com/article/1890999-overview?pa=JcRTMILfOf9MILR4IiMCUM6%2F6oNpRIIteXDFk%2F6tANIHOjVGSIG3RRjzodHmjV4JX8MwC0EECwzp432Skuf9qw%3D%3D#showall>  
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### 4.2 Revision History

Date	Change(s)
01-02-2011	Creation of new Adjudication Guideline-External Instruction Template
15-12-2024	Updating the guidelines formatting template

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