Hepatitis B and C (Plan wise coverage)

Adjudication Guideline

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1. Abstract

1.1 For Members

Hepatitis refers to inflammation of the liver. Viral hepatitis includes several distinct diseases, including hepatitis A, hepatitis B, and hepatitis C, each of which affects the liver.

The management and treatment of hepatitis depend on the specific type, as established through appropriate confirmatory laboratory testing.

Coverage for the treatment of hepatitis B and C applies only to health insurance plans that include the relevant benefit and is subject to the applicable policy terms, conditions, limitations, and exclusions.

1.2 For Medical Professionals

Treatment of hepatitis B and C may be covered under health insurance plans that include the relevant benefit, subject to the member's eligibility and the applicable policy terms, conditions, limitations, and exclusions.

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

Plan-Wise Coverage:

Coverage for the treatment of hepatitis B and C under the various Daman Plans is outlined in the table below and is subject to the applicable Schedule of Benefits (SOB), policy terms, conditions, limitations, and exclusions.

Daman Plans	Coverage of Treatment of Hepatitis B & C	Mode of Payment
Visitors plan	Not covered	N/A
Basic plan	Not covered	N/A
Enhanced Sahtak Plan	Not covered	N/A
Enhanced Sahtak UG Plans	Not covered	N/A
Enhanced Series except Plus plans	Not covered	N/A

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	N/A
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	N/A
Select Series except Plus plans	Not covered	N/A
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	N/A
Care Series	Not covered	N/A
Classic Series	Not covered	N/A
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

ICD10 and CPT codes must be coded to the highest level of specificity.

3.3 Non-Coverage

Coverage for the treatment of hepatitis B and C varies by Daman health insurance plans. Treatment is specifically excluded under certain plans, while other plans provide coverage subject to a specified annual benefit limit. Once this limit has been reached, additional treatment will not be covered for the remainder of the applicable benefit year, regardless of whether the medical-necessity criteria are met.

3.4 Payment and Coding Rules

Please apply regulatory payment rules and regulations and relevant coding manuals for ICD10, and CPT.

4. Appendices

4.1 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 hepatitis C, 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.

4.2 References

- https://www.nature.com/articles/s41467-025-66876-5
- https://www.uptodate.com/contents/hepatitis-b-virus-infection-overview-of-management-in-adults
- https://www.uptodate.com/contents/hepatitis-b-virus-screening-and-diagnosis-in-adults
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- https://www.ovid.com/jnls/hep/fulltext/10.1097/hep.0000000000001584~technical-systematic-review-supporting-the-2025-aasld

4.3 Revision History

Date	Change(s)
01/02/2011	V1.0 Creation of Adjudication Guideline-External Instruction Template.
15/12/2024	V2.0 Updating the guidelines formatting template.
23/10/2026	V2.1 General Content Update References Updated

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