eAuthorization Regulatory Guidelines

- All authorization and eligibility transactions must be compliant with the DHPO schema, business and validation rules published on the eClaimLink website (*eClaimLink > DHD > Documentation*).
- eAuthorization transaction must be used for all OP and IP activities, except for pharmacy electronic prescriptions.
- The **IDPayer** received from the Payer\TPA PriorAuthorization transaction must be used during claim submission by the Provider in the **ActivityPriorAuthorizationID** field.
- All Providers and Payers\TPAs must communicate all their eAuthorization transactions through the DHPO. (Legacy systems must be directly integrated, or the free online portal can be used instead by the needing providers)
- All portals communicating eAuthorization transactions must be compliant with the DHPO schema, business and validation rules published on the eClaimLink website (*eClaimLink > DHD > Documentation*). Any additional information, E.g. schedule of benefits, can be shared using any Payer\TPA specific portals.
- Authorization rules (Activities, Limits, Diagnosis … etc.) can be agreed between the Payers and the Providers.
- eAuthorization validity will be as per contractual agreements between Payers and Providers. Subject to validity of the Policy at the time of availing the service. DHA will monitor validity and benchmark against standards.
- Rejected or partially rejected activities must include a denial code as per the list published on eClaimLink (*eClaimLink > DHD > Codes & Lists*).
- In case of any amendments, the initial authorization will be updated and resubmitted. The resubmission must comply with the business and validation rules published on eClaimLink (*eClaimLink > DHD > Documentation*). The last updated eAuthorization ID must be used during claims submission.
- The eAuthorization request must be made by the facility that is submitting the claim. E.g Diagnostic services and Drugs
- Additional requested information (files, lab results, descriptions … etc.) can be submitted using the Observation attribute under each activity. The detailed description of the observation types is available on the eClaim Data Standard Committee published releases (*eClaimLink > DHD > Documentation > EDSC Releases*).

Emergency Activities:

Emergency activities do not require prior authorizations until stabilization, with justification.

Definition of Emergency per Dubai Health Insurance Law No 11 of 2013

The Dubai Health Insurance Law No. 11 of 2013 (The Law) defines an Emergency as the case which requires immediate medical attention by a health services provider for the rescuing of a person's life or the elimination of the hazard threatening such person. This is understood to include services that eliminate the threat of loss of limb or function.