

**Annex No. (2)**  
**Enduring Treatment Costs Approval Application**  
**Standards**

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## **Enduring Treatment Costs Approval Application Standards**

Based on Paragraph (4) of Article No. (90) of the Executive Regulation of Cooperative Health Insurance Law issued by the Ministerial Decree No. (9/35/1/X), dated 13/04/1435 H (13/02/2014 G), which stipulates that:

“The reply of insurance companies to the Beneficiary Treatment Provision Approval Applications sent by service providers shall be given within a maximum of (60) minutes from the application receipt time. In case of non-approval, the reasons thereof shall be officially explained.”

### **Service Standards:**

#### **(1) Cases for which an Approval Application is Needed:**

- A) Treatment at outpatient clinics if treatment cost for one time is likely to be more than SAR 500.
- B) Hospitalization cases, one-day treatment, surgical operations... for non-emergency cases.
- C) Hospitalization of emergency cases....within (24) hours from admission.
- D) Physical therapy sessions after the first session.

(2) For emergency cases, the treatment of patients shall be commenced directly without delay; and after that, the approval application procedures shall be started.

(3) Healthcare service providers shall always comply with the requirements of cost-effectiveness in accordance with the provisions of Article (89) of the Executive Regulation of Cooperative Health Insurance Law and arrange treatment and prescriptions thereof accordingly.

(4) The Enduring Treatment Costs Approval Application Form, which is approved by the CCHI, shall be used by healthcare service providers when requesting approval.

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**Council of Cooperative Health Insurance (CCHI)**  
**Secretariat General**

- (5) Healthcare service providers shall clearly write all required medical information on the approved Enduring Treatment Costs Approval Application Form.
- (6) Beneficiary Treatment Provision Approval Applications shall be sent by service providers to insurance companies within a maximum of (15) minutes from filling the same by the treating physician.
- (7) Insurance companies shall reply to Beneficiary Treatment Provision Approval Applications sent by service providers within a maximum of (60) minutes from applications receipt time, and in case of non-approval, such insurance companies shall officially explain the reasons thereof.
- (8) Service providers shall reply to the queries or observations of insurance companies (if any) regarding Approval Applications within a maximum of (30) minutes from receipt time.
- (9) If a service provider does not receive a response to the Approval Application within the specified period upon submitting the same, then the Application shall be deemed approved, after ensuring that the insurance company received such Approval Application within the specified period.
- (10) The date and time of the Approval Application shall be clarified thereon by service providers, and the response date and time shall be clarified thereon by insurance companies.
- (11) Upon the receipt of the Approval Application by the insurance company from the service provider, a reply shall be given immediately by confirming the receipt of the Approval Application and that it is under processing.
- (12) In case of any dispute, it shall be referred to an impartial part-time Saudi consultant from those who work in the public sector in the field of specialization that is the subject of the dispute. The health insurance company shall bear the cost thereof.
- (13) All insurance companies and healthcare service providers shall maintain a record in which all approval applications and outcomes thereof are recorded. The record shall be presented to the CCHI upon request.

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