

Polycystic Ovary Syndrome Management

Adjudication Guideline (External Instruction)

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Medical

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1. Abstract

1.1 For Members

Polycystic Ovarian Syndrome (PCOS) is a condition in which there is imbalance of female sex hormones which lead to irregular menstrual cycle, acne, obesity, excess facial hair, infertility etc.

Investigations and treatment directed towards the hyper androgenic (excessive production and/or secretion of sex hormones) features of PCOD are not covered for any plans administered by Daman. Daman covers treatment of menstrual irregularities related to PCOS in unmarried women. In married women, coverage of the investigations and treatment of PCOS is subject to policy terms and conditions.

1.2 For Medical Professionals

Investigations and treatment directed to towards the hyper-androgenic features (cosmetic) of PCOS are not covered for any plans administered by Daman.

Daman covers treatment of menstrual irregularities related to PCOD in unmarried women. In married women, coverage of the investigations and treatment of PCOS is subject to policy terms and conditions.

Infertility resulting from PCOS/ related to PCOS is not covered for any plans administered by Daman unless the plan has specific coverage for infertility.

2. Scope

This Adjudication rule aims to specify the coverage of diagnosis and management of polycystic ovarian syndrome for all health insurance plans administered by Daman. Polycystic Ovarian Syndrome (PCOS) is a condition in which there is an imbalance of a woman's female sex hormones; it includes symptoms of hyperandrogenism, presence of hyper-androgenaemia, peripheral insulin resistance, oligo-/anovulation, and polycystic ovarian morphology on ultrasound.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Coverage of Investigations and treatment of PCOS in unmarried women:

Plan	PCOS diagnosis	Menstrual abnormalities diagnosis	Hyper-androgenic features (cosmetic)****
Basic	Not covered*	Covered	Not covered
Enhanced	Covered**	Covered	Not covered
Thiqa	Covered***	Covered	Treatment of the cosmetic feature will not be covered, but the treatment of PCOS will be covered
Visitor	Not covered	Not covered	Not covered

*Unless otherwise proven that the treatment is targeted to menstrual disturbance

**Unless related to cosmetic

***Unless related to cosmetic or obesity

****For acne & obesity, refer to respective adjudication rules

Investigations and treatment directed to cosmetic conditions are considered as General exclusion of Daman policies unless specifically mentioned in the schedule of benefit. Hence treatments of hyper androgenic features (hirsutism, acne, voice deepening and increased muscle mass) are not covered for policies administered by Daman.

Coverage of Investigations and treatment of PCOS in married women:

Plan	PCOS diagnosis	Menstrual abnormalities diagnosis	Hyper-androgenic features (cosmetic)****	Diagnosis is infertility related PCOS
Basic	Not covered	Not Covered	Not covered	Not covered
Enhanced	Not covered	Not covered	Not covered	Not covered
Thiqa	Covered	Covered	Treatment of the cosmetic feature will not be covered, but the treatment of PCOS will be covered	Covered
Visitor	Not covered	Not covered	Not covered	Not covered

3.2 Requirements for Coverage

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

3.3 Non-Coverage

investigations and treatment directed to hyper androgenic features (cosmetic) of PCOS are not covered for any health insurance plan administered by Daman. Infertility resulting from PCOS/ related to PCOS is not covered for any health insurance plan administered by Daman unless the plan has specific coverage for infertility. The coverage benefit is available only to married females. In unmarried females, Daman does not cover the expense of investigations and treatment of PCOS unless otherwise the treating doctor proves that the treatment is related to menstrual abnormalities like oligomenorrhea, amenorrhea or irregular periods. Treatment of oligomenorrhea/ amenorrhea/ irregular menstrual cycle enhances ovulation. Hence Daman considers this treatment as related to infertility and does not cover it for married women for all plans except the plans with specific coverage for infertility.

3.4 Payment and Coding Rules

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
NCOV-003	Service(s) is (are) not performed (used after audit)
NCOV-001	Diagnosis(es) is (are) not covered
NCOV-003	Service(s) is (are) not covered

5. Appendices

5.1 References

- <https://www.ncbi.nlm.nih.gov/books/NBK459251/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9964744/>
- https://www.uptodate.com/contents/diagnosis-of-polycystic-ovary-syndrome-in-adults?search=pcos&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1
- https://www.uptodate.com/contents/treatment-of-polycystic-ovary-syndrome-in-adults?search=pcos&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2
- https://www.monash.edu/_data/assets/pdf_file/0003/3371133/PCOS-Guideline-Summary-2023.pdf
- <https://www.asrm.org/practice-guidance/practice-committee-documents/recommendations-from-the-2023-international-evidence-based-guideline-for-the-assessment-and-management-of-polycystic-ovary-syndrome/>

5.2 Revision History

Date	Change(s)
01/06/2012	V 1.0 Creation of Adjudication Guideline-External Instruction Template.
01/08/2018	V2.0 New Template
25/03/2021	V3.0 New Template
30/12/2024	V4.0 - New Template - References updated
30/03/2025	V4.1 General Content and Reference Update

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