

GCC REVENUE CYCLE TOOLKIT

# GCC Claim Rejection Prevention Checklist

Stop NPHIES and eClaim rejections before they cost you, across Saudi Arabia and the UAE

In the GCC, a rejected claim is rarely a payer problem. It is usually an eligibility, coding, or documentation gap that was visible before submission. Saudi claims flow through NPHIES against ICD-10-AM/ACHI and AR-DRG; UAE claims flow through eClaimLink and Shafafiya against ICD-10-CM, CPT, and IR-DRG. The rejection reasons differ in detail but rhyme in cause. Work through the checks below with your coding and RCM leads. Every box you cannot tick is a rejection waiting to happen.

## Eligibility and pre-authorization

- Member eligibility is verified through NPHIES (Saudi) or eligibility check (UAE) at or before the visit.
- The service is covered under the member's policy and benefit limits before it is delivered.
- Prior approval is obtained for services that require it, and the approval number is on the claim.
- The approved service matches what was actually performed and documented.
- Policy, plan, and payer identifiers are validated against the payer record, not assumed.

## Coding accuracy (Saudi: ICD-10-AM / ACHI - UAE: ICD-10-CM / CPT)

- Diagnoses are coded to the correct classification for the country and to the highest supported specificity.
- Principal diagnosis selection follows the applicable coding standards (ACS for Saudi).
- Procedure codes (ACHI for Saudi, CPT for UAE) match the documented service and the approval.
- Code edits and mutually exclusive pairs are checked before submission, not after rejection.
- Every submitted code is supported by documentation in the record, not inferred.

## DRG documentation (Saudi: AR-DRG - UAE: IR-DRG)

- Comorbidities and complications that affect the DRG are documented and coded.
- Documentation supports the DRG the claim groups to, so it survives payer review.

- Length of stay and resource use are consistent with the assigned case-mix group.
- Present-on-admission and admission-source details are captured for inpatient claims.

### Claim build and platform validation

- Required NPHIES (Saudi) or eClaimLink/Shafafiya (UAE) fields and attachments are complete.
- Pricing follows the applicable tariff or price list (for example the DOH Mandatory Tariff in Abu Dhabi).
- Bundled services are billed correctly and not unbundled against payer rules.
- The claim passes platform technical validations before it is submitted, not on rejection.

### Rejection and resubmission control

- Rejections are tracked by reason code so you can see patterns, not just totals.
- Resubmissions happen inside the payer's correction and appeal window.
- Recurring rejection reasons feed back into coder and physician documentation education.
- Clean claim rate and rejection rate are measured monthly against a target.

### See where your rejections are actually coming from

MedCodex reviews a sample of your recent NPHIES or eClaim rejections and shows you the coding and documentation gaps driving them, at no cost.

[medcodexhealth.com/contact](https://medcodexhealth.com/contact)

This checklist is general guidance for UAE and Saudi revenue cycle teams, not coding or regulatory advice. Apply it against your payer contracts, NPHIES/eClaim rules, and DHA/DOH/CHI policies.