

Template elements documented: 15 / 15

Reviewed and approved by the treating physician

Illustrative example · synthetic case

Laser hemorrhoidoplasty for symptomatic hemorrhoids

Confirmed clinical facts	
Patient age	42
Diagnosis	Grade III internal hemorrhoids (Goligher III) at 3, 7 and 11 o'clock
Symptoms	Bright red bleeding with defecation 4 times weekly and prolapse requiring manual reduction after each bowel movement
Symptom duration	8 months
Severity	Misses one work day monthly and avoids prolonged sitting
Examination	2026-10-01 digital rectal examination and anoscopy: three grade III internal columns, no fissure, fistula or external thrombosis
Investigations	2026-09-20 complete colonoscopy to the cecum, normal
Labs	2026-10-01 hemoglobin 12.8 g/dL, ferritin normal
Previous treatments	Fiber 25 g daily, adequate fluids and topical ointment for 3 months with good adherence and insufficient improvement in bleeding or prolapse
Planned procedure	Laser hemorrhoidoplasty (LHP) of the three internal columns; final extent decided at examination under anesthesia
Supporting evidence	Persistent grade III bleeding and prolapse after 3 months of adherent conservative care with work impact; rubber-band ligation and excisional hemorrhoidectomy were discussed and the patient chose LHP after counseling on recurrence, pain and bleeding

Template-linked documentation	
Requested service and clinical question	
Laser hemorrhoidoplasty (LHP) of the three internal columns; final extent decided at examination under anesthesia	
Patient-specific indication	
Bright red bleeding with defecation 4 times weekly and prolapse requiring manual reduction after each bowel movement	
Objective evidence	
2026-10-01 digital rectal examination and anoscopy: three grade III internal columns, no fissure, fistula or external thrombosis	
Prior evaluation and management	

Fiber 25 g daily, adequate fluids and topical ointment for 3 months with good adherence and insufficient improvement in bleeding or prolapse

Medical necessity rationale

Persistent grade III bleeding and prolapse after 3 months of adherent conservative care with work impact; rubber-band ligation and excisional hemorrhoidectomy were discussed and the patient chose LHP after counseling on recurrence, pain and bleeding

Supporting documentation

anoscopy report, colonoscopy report, blood results, conservative treatment record, procedure-specific consent

Accuracy and coverage safeguard

LHP is not described as superior to alternatives or recurrence-free

Diagnosis and site/side clearly stated

Grade III internal hemorrhoids (Goligher III) at 3, 7 and 11 o'clock

Severity and functional impact documented from the case

Misses one work day monthly and avoids prolonged sitting

Prior treatment stated with dose/duration and result

Fiber 25 g daily, adequate fluids and topical ointment for 3 months

Examination or objective evidence dated and attached

2026-10-01 hemoglobin 12.8 g/dL, ferritin normal

Rationale links the facts to the request without overstatement

Persistent grade III bleeding and prolapse after 3 months of adherent conservative care

Procedure-specific evidence limits and accuracy caution reviewed

LHP is not described as superior to alternatives or recurrence-free

Codes reviewed by a coding specialist; payer policy checked

reviewed by the facility coding team; the payer policy for this service was checked

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Unresolved documentation

None marked missing; verify clinical accuracy independently.

Not applicable (clinician reasons)

None.

Source template and references

gi-041 — RC4

NPHIES prior-authorization service and current implementation materials — <https://nphies.sa/services>

ASCRS Clinical Practice Guideline: Management of Hemorrhoids (2024) — <https://pubmed.ncbi.nlm.nih.gov/38294832/>

Current insurer benefit, network and prior-authorization policy must be verified for the specific patient and requested service

Saudi references

Basic Health Insurance Policy — updated Essential Benefit Package (effective 1 October 2022) — Council of Health Insurance (CHI), Saudi Arabia — [https://www.chi.gov.sa/en/beneficiary/healthinsurancepolicy/Updated%20Essential%20Benefit%20Package%20%20\(%20effective%201%20October%202022\).pdf](https://www.chi.gov.sa/en/beneficiary/healthinsurancepolicy/Updated%20Essential%20Benefit%20Package%20%20(%20effective%201%20October%202022).pdf)

This draft does not assert examination, attachment, treatment failure, consent, coding verification or payer eligibility unless documented above. No automated signature or submission.

Physician attestation

I confirm that this report reflects the patient's actual clinical record; I personally verified the stated facts and open items; and no diagnosis, severity, contraindication or treatment failure was inferred to obtain coverage. This report supports clinical documentation and does not guarantee authorization or payment.

Physician name	License number
Signature	Date
Patient name / MRN (handwritten)	Stamp

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