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[Health Insurance Covers You Against Domiciliary Hospitalisation Too, Here's What You Need To Know](#)



Unlike cashless treatment available in hospitals, domiciliary treatment requires patients to cover their medical expenses and seek reimbursement from their insurance provider.

Many of us may have the notion that health insurance provides coverage only if one has been hospitalised for a minimum of 24 hours. But your health insurance will also provide you cover for domiciliary treatment, which is medical care provided at home under specific conditions.

“Many people believe that health insurance only provides benefits during in-patient hospitalisation. But, it’s essential to understand that health insurance can also cover domiciliary hospitalisation, allowing for hospital-like care and treatment at home. This benefit is valuable in managing the inflated costs of medical care, especially for elderly parents. It is mostly beneficial for elderly patients or patients requiring prolonged treatment,” says Bhaskar Nerurkar, head-health administration team, Bajaj Allianz General Insurance.

Most health insurance policies cover domiciliary treatment in their base plan itself. For some, you may have to opt for it as an additional cover.

**Conditions To Be Met**

Domiciliary treatment is a more structured form of care a medical practitioner prescribes for more severe conditions. There are several scenarios where domiciliary treatment becomes necessary, such as if the patient is critically ill and cannot be moved to a hospital. In such a scenario, domiciliary treatment ensures they receive the necessary medical

care at home. There are times when the chosen hospital may lack sufficient medical infrastructure, such as hospital beds. In such cases, domiciliary treatment becomes a practical alternative.

For some patients, staying in a hospital continuously is not feasible for various reasons, such as long-term treatment needs or personal circumstances. It could also be a situation where the specialty hospital may be in another town or city, and supporting family members staying there might also prove to be a challenge. Domiciliary treatment works for patients in all these conditions.

Some of the conditions to be met for getting domiciliary treatment coverage are that the treatment must typically require hospitalisation, but is administered at home, and a doctor must certify the need for domiciliary care.

“Also, the treatment duration should meet the policy’s minimum requirement, usually three days or more, and the waiting period for the illness must have been completed,” says Siddharth Singhal, head – health insurance, Policybazaar.

Says Nerurkar: “One crucial aspect to remember about domiciliary treatment is the reimbursement process. Unlike cashless treatment available in hospitals, domiciliary treatment requires patients to cover their medical expenses and seek reimbursement from their insurance provider.”

### **Exclusions In Domiciliary Hospitalisation Coverage**

The insurance company may apply certain exclusions while offering domiciliary hospitalisation coverage, such as conditions where treatment is required for less than three days.

“Treatments for conditions that can be managed on an outpatient basis, such as physiotherapy for minor injuries and procedures performed solely for convenience or not requiring hospitalisation are not included. Same goes for experimental or alternative treatments unless explicitly mentioned. Chronic conditions that are excluded, or, pre-existing illnesses not covered under the policy terms are also not covered,” says Singhal.

Policies offering domiciliary treatment as part of their base coverage may have slightly higher premiums due to the additional benefits offered. If domiciliary care is available through an add-on rider, policyholders can customise their coverage by paying an additional premium based on factors, such as sum assured, the extent of coverage, and patient profile.