

Addendum 04 to DOH Claims & Adjudication Rules

Version

V2025.1

Including the Mandatory Tariff Pricelist Application Rules.



دائرة الصحة
DEPARTMENT OF HEALTH

1. Purpose of this Document.

This Addendum is issued to introduce the Service Codes for bundled reimbursement for Stroke Treatment and Management at DoH designated Stroke CoEs for patients enrolled under Abu Dhabi Basic Plan and ABM-2 Programs.

2. Effective Date:

15 May 2026

3. Service Codes:

Code	Short Code Description	Long Code Description
61-01	Stroke Management with Surgical Intervention – Initial Acute Care Episode	Bundled reimbursement for care provision to patients with stroke, starting with acute care admission at the onset of ischemic or hemorrhagic stroke, performance of craniotomy or extracranial or intracranial procedures, post operative care and rehabilitation up to a period of 90 days from date of admission – Initial Acute Care Episode.
61-02	Stroke Management with Surgical Intervention – Bundle Completion	Bundled reimbursement for care provision to patients with stroke, starting with acute care admission at the onset of ischemic or hemorrhagic stroke, performance of craniotomy or extracranial or intracranial procedures, post operative care and rehabilitation up to a period of 90 days from date of admission – Bundle Completion.
62-01	Stroke Management without Surgical Intervention – Initial Acute Care Episode	Bundled reimbursement for care provision to patients with stroke, starting with acute care admission at the onset of ischemic or hemorrhagic stroke, medical management and stabilization, and rehabilitation up to a period of 90 days from date of admission – Initial Acute Care Episode.
62-02	Stroke Management without Surgical Intervention - Bundle Completion	Bundled reimbursement for care provision to patients with stroke, starting with acute care admission at the onset of ischemic or hemorrhagic stroke, medical management and stabilization, and rehabilitation up to a period of 90 days from date of admission – Bundle Completion.

4. Eligibility

- Any patient under Abu Dhabi Basic Plan or eligible for enrolment under ABM-2 for acute treatment of stroke shall be deemed eligible for enrolment under the stroke bundle at the designated stroke CoEs.

5. Claims and Adjudication Rules

- Pre-authorization is Required at the start of the bundle for service codes 61-01 and 62-01. The established protocol for pre-authorization (notification) for inpatient emergencies is applicable during the initiation of the bundle.
- Providers shall only claim the rate set for the service code as per the applicable payment program.
- Service Codes 61-01 and 62-01 shall be billed for the initial acute care encounter depending on the use of surgical interventions, and the claim shall be submitted upon the discharge of the patient from the facility post completion of the acute treatment for stroke. This is to be reported with Encounter Type = 4 (Inpatient Bed + Emergency room).
 - For this encounter, reporting the DRG as determined by the DRG grouping methodology and all other activity items with charges kept at a value of zero is a prerequisite for payment. The claim should include the hospital initial and discharge E&M codes and the actual date of admission and discharge.
- Facility completing the initial acute treatment for stroke is responsible for providing all related post-acute care and rehabilitation and treatment of any related complications arising from stroke or its management within a period of 90 days from the date of initial admission at the onset of stroke.
- Any subsequent encounter for care delivered under the stroke bundle shall be reported by the provider delivering the care with all activity items included and charges kept at a value of zero and the Pre-Authorization Approval Number to be reported as an Observation field.
- Separate claims for procedures, services, consumables, and devices utilized for related conditions during the 90-day period by any provider shall be rejected by the payer.
- Service Codes 61-02 and 62-02 for Bundle Completion shall be submitted, depending on the initial service code used for initiating the bundle, on or after the date of the completion of the bundle i.e., 90 days from the bundle start date. This is to be reported with Encounter Type = 2 (No Bed + Emergency room) and the Pre-Authorization Approval Number to be reported as an Observation field.