

Addendum 04 to DOH Claims & Adjudication Rules

Version

V2025

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 Lymphedema and Lipidema surgeries.

2. Effective Date:

19 August 2025

3. Service Codes:

Code	Short Code Description	Long Code Description
59-01	Bundled Reimbursement for Bio-bridge Subcutaneous insertion and Lymph Node Bio-bridge Anastomosis	Bundled reimbursement for Bio-bridge Subcutaneous insertion and Lymph Node Bio-bridge Anastomosis with exploration of Vascularized Lymph node with ICG Lymphographic with use of Microscope, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay, and excludes cost of the Bio-bridge implant
59-02	Bundled Reimbursement for Lymph Node Bio-bridge Anastomosis	Bundled reimbursement for Lymph Node Bio-bridge anastomosis with exploration of Vascularized Lymph node with ICG Lymphographic with use of Microscope, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay, and excludes cost of the Bio-bridge implant
59-03	Bundled Reimbursement for Lymph Node Transfer with Free Lymph Node Flap	Bundled reimbursement for Lymph Node transfer with free Lymph node flap with exploration of Venous channels with microsurgery anastomosis with ICG Lymphographic with use of Microscope, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay
59-04	Bundled Reimbursement for Lymph Node Transfer with Free Omental Flap	Bundled reimbursement for Lymph Node transfer with free omental flap with exploration of Venous channels with microsurgery anastomosis & laparoscopic flap harvesting with ICG Lymphographic with use of Microscope, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay

Code	Short Code Description	Long Code Description
59-05	Bundled Reimbursement for Lymph Node Venous Anastomosis	Bundled reimbursement for Lymph Node Venous anastomosis with exploration of Vascularized Lymph node with ICG Lymphographic with use of Microscope, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay
59-06-01	Bundled Reimbursement for Lymph Venous Anastomosis – Low Complexity	Bundled reimbursement for Low Complexity Lymph Venous Anastomosis with less than 3 hours of surgical time and single anastomoses on one limb and exploration of Venous channels with ICG lymphographic with use of Microscope with exploration of lymphatic channels, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay
59-06-02	Bundled Reimbursement for Lymph Venous Anastomosis – Medium Complexity	<p>Bundled reimbursement for Medium Complexity Lymph Venous Anastomosis with 3-4 hours of surgical time and one of the below conditions apply:</p> <ul style="list-style-type: none"> • 2+ Anastomoses • Smaller sized lymphatic (< 0.3 mm) • Smaller sized vein (< 0.5 mm) • Lymphatics of Proximal limb • Presence of Fibrosis <p>The bundle includes exploration of Venous channels with ICG lymphographic with use of Microscope with exploration of lymphatic channels, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay</p>
59-06-03	Bundled Reimbursement for Lymph Venous Anastomosis – High Complexity	<p>Bundled reimbursement for High Complexity Lymph Venous Anastomosis with more than 4 hours of surgical time and two or more of the below conditions apply:</p> <ul style="list-style-type: none"> • 2+ Anastomoses • Smaller sized lymphatic (< 0.3 mm) • Smaller sized vein (< 0.5 mm) • Lymphatics of Proximal limb • Presence of Fibrosis <p>The bundle includes exploration of Venous channels with ICG lymphographic with use of Microscope with exploration of lymphatic channels, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay</p>

Code	Short Code Description	Long Code Description
59-07	Bundled Reimbursement for Lymphedema Debulking with Lipectomy and Split Thickness Skin Graft	Bundled reimbursement for Lymphedema Debulking with lipectomy with split thickness skin graft with ICG Lymphographic, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay
59-08	Bundled Reimbursement for Lymphedema Lymphatic Sparing Liposuction (bilateral)	Bundled reimbursement for Lymphedema Lymphatic Sparing Liposuction with ICG Lymphographic, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay
59-09	Bundled Reimbursement for Lipedema Lymphatic Sparing Liposuction (bilateral)	Bundled reimbursement for Lipedema Lymphatic Sparing Liposuction with ICG Lymphographic, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay
59-10	Bundled Reimbursement for each additional site(limb) treated with any of the Lymphedema Surgical Interventions	Bundled Reimbursement for each additional site(limb) treated with any of the Lymphedema Surgical Interventions, includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay

4. Claims and Adjudication Rules

- Pre-authorization is Required at the start of the bundle for all service codes.
- Service codes 59-01 to 59-09 are to be reported with Encounter Type = 3 = Inpatient Bed + No emergency room.
- Bundled reimbursement for service codes 59-01 and 59-02 includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay except the cost of the Bio-bridge implant.
- Bundled reimbursement for service codes 59-03 to 59-09 includes all services, consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay.
- When multiple surgical techniques involving more than one of the service codes 59-01 to 59-09 are carried out on the same site, the highest priced procedure shall be billed in full as the primary procedure, and procedures of a lower amount are billed as secondary procedures at 34% of their tariff price.
- For each additional site (limb) treated with the same Lymphedema Surgical Intervention technique, service code 59-10 is to be reported as an add-on, and includes all services,

consumables, devices and medications during the pre-operative work-up, surgery and post-operative care during the inpatient stay.

- For each additional site (limb) treated with a different Lymphedema Surgical Intervention Technique, 34% of the tariff price for the procedures of lower amount are billed as secondary procedures.
- For the purpose of billing service code 59-10, each limb is considered as a separate site, and therefore, a maximum of 3 additional sites can be billed per procedure.
- For the services that are included in the service codes, providers are required to report the codes as activity line items at claims level but keep charges at a value of zero as a prerequisite for reimbursement.
- IR DRG Claims and Adjudication rules for inpatients will be applicable to these service codes. Specifically,
 - Member Share (Co-pays and deductibles) are not affected by the bundled payment system and should be collected as normal.
 - Adjudication of claims payable using these service codes shall be in compliance with the Claims Adjudication and Pre-Authorization rules set in section 5 of the DoH Claims and Adjudication Rules document, and DoH Adjudication Standard. With the following DRG specific adjudication rule:
 - If the principal diagnosis is not covered condition under the insurance plan, Insurance companies shall have the right to deny the entire claim.
 - If the principal procedure is not covered, insurance companies could exclude the Service, procedure or item, and pay using the recalculated DRG under the IR-DRGs Prospective Payment System.
 - Secondary diagnosis coding shall follow the published rules as per section 4.4.1 of the DoH Claims and Adjudication Rules document.
 - For encounters extending beyond the policy expiry date, please refer to point 1.b for Surgical cases under section 4.4.2.2.3 Split of DRG payment of DoH Claims and Adjudication Rules document for encounters involving more than one payer.
 - Bio-bridge, when applicable and upon prior authorization, shall be billed for the full value using the HCPCS add-on service code 98 and with submission of the original invoice as attachment to the claim submission at the HCPCS activity level.
 - All encounters must have observations as defined in Routine reporting requirements for Inpatient encounters as published on <https://www.doh.gov.ae/en/Shafafiya/reporting> under Standards / Reporting requirements / Routine reporting / Reference = “ActivityCost”.