

Addendum 25 to DOH Claims & Adjudication Rules

Version

V2012

Including the Mandatory Tariff Pricelist Application Rules.



دائرة الصحة
DEPARTMENT OF HEALTH

1. Purpose of this Document.

This Addendum is issued to update the reimbursement packages for the Comprehensive Screening Program and retire addendum 15.

2. Effective Date:

01 July 2022.

3. Service Codes:

Code	Short Code Description	Long Code Description
52-01	Comprehensive Screening Package for Young adults Male and Female (age 18-39 years old) - Year1	Comprehensive screening package for Young adults (male and female ages 18-39 years) including the following services: (99201, 36415, 82947, 83036, 80061, 82565, 01103, 13211)
52-02	Comprehensive Screening Package for Male and Female adults (age 40-64 years old) -Year1	Comprehensive screening package for adults (male and female age 40-64 years old) including the following services: (99201, 36415, 82947, 83036, 80061, 82565, 82274, 01103, 13211)
52-03	Comprehensive Screening Package for Senior Male adults (age 65-75 years old) - Year1	Comprehensive screening package for Senior Male adults (age 65-75 years old) including the following services: (99201, 36415, 82947, 83036, 80061, 82565, 77080, 82274, 01103, 13211, 92551, 99173, 76706)
52-04	Comprehensive Screening Package for Senior Female adults (age 65-75 years old)- Year1	Comprehensive screening package for Senior Female adults (age 65-75 years old) including the following services: (99201, 36415, 82947, 83036, 80061, 82565, 77080, 82274, 01103, 13211, 92551, 99173)
52-05	Colon Cancer Screening Package for Male and Female (age 40-75-Years old)	Colon cancer screening package for Male and Female (age 40-75 Years old) including the following services: Every 10 years <ul style="list-style-type: none"> • 99201 • G0105
52-06	Cervical Cancer Screening Package for Female (25-29 Years old)	Cervical cancer screening for Female (25-29 Years old) including the following services: Every 3 years: <ul style="list-style-type: none"> • 99201 • 88142
52-07	Cervical Cancer Screening Package for Female (30-64 Years old)	Cervical cancer screening for Female (30-64 Years old) including the following services: Every 5 years: <ul style="list-style-type: none"> • 99201 • 88142 87623 or 87624 or 87625
52-08	Lung Cancer Screening Package for Male & Female 55-75-Years old (high risk only, heavy smokers)	Lung cancer screening for Male & Female 55-75 Years old (high risk only, heavy smokers) including the following services Annual: <ul style="list-style-type: none"> • 99201 • 71250

52-09	Comprehensive Screening Package for Young adults Male and Female (ages 18-39 years) - Year2 & Year3	Comprehensive screening package for Young adults (male and female ages 18-39 years) including the following services: (01103, 13211)
52-10	Comprehensive Screening Package for Male and Female adults (age 40-64 years old) - Year2 & Year3	Comprehensive screening package for adults (male and female age 40-64 years old) including the following services: (82274, 01103, 13211)
52-11	Comprehensive Screening Package for Senior Male adults (age 65-75 years old) - Year2 & Year3	Comprehensive screening package for Senior Male adults (age 65-75 years old) including the following services: (82274, 01103, 13211, 92551, 99173)
52-12	Comprehensive Screening Package for Senior Female adults (age 65-75 years old) - Year2 & Year3	Comprehensive screening package for Senior Female adults (age 65-75 years old) including the following services: (82274, 01103, 13211, 92551, 99173)

4. Claims and Adjudication Rules

- Service codes 52-01 to 52-12 must be only reported with Encounter Type=7; and
- Mammography screening for females age 40 – 75 years is required to be performed once every two years in association with the adult and senior adult female screening packages and coded separately using the CPT code 77067 ; and for this purpose, billing the code will follow the program rules.
- An observation must be reported in the E-claim with the use of Codes 52-01 to 52-12 and the related mammography screening for female CPT code 77067 as defined in Routine Reporting Requirements published on <https://www.doh.gov.ae/en/Shafafiya/reporting>
- Reimbursement for codes 52-01 to 52-12 shall not be allowed if billed jointly or with CPTs 99201-99215, 99401– 99412, 96160 and 99381-99387; if billed by the same facility, for the same patient, same principal diagnosis (Comprehensive Screening) on the same date of service. In the event of being jointly billed for the same patient and same episode of care, reimbursement shall be limited to the “single” code that deems most appropriate.
- “E&M Follow up within one week” rule shall not be applicable to service codes 52-01 to 52-12. Hence, reimbursement shall be allowed for subsequent Evaluation and Management office visit or consultation, if deemed medically necessary. Nonetheless, subsequent Evaluation and Management office visit or consultation shall be subject to the E&M rules in effect.

- Coding and reimbursement of subsequent services (including E&M) shall be based on the medical necessity determined by the initial screening outcomes or services prescribed by comprehensive screening program standard. Whereby;
 - Preventive medicine counseling CPT codes (99401 – 99412, 96160) shall be allowed for patients with established medium to high risk factors. And / or further investigation or diagnostic services on any abnormal finding detected from the screening services.
 - In the absence of established risk factor or for subsequent encounter after counseling was commenced, and where abnormal finding were detected; such encounters shall be billed and reimbursed using the E&M codes as a medical condition and not a preventive service.

- Eligibility will be as per the Comprehensive Screening Program standard.