

Addendum 41 to DOH Claims & Adjudication Rules

Version

V2012

Including the Mandatory Tariff Pricelist Application Rules.



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DEPARTMENT OF HEALTH

1. Purpose of this Document.

This addendum is issued to introduce modifiers, update relevant E&M rules and retire addendum 35.

2. Effective Date:

01 February 2024

3. Claims and Adjudication Rules

4.2.1.3 E & M Services Not Separately Reimbursable

- The following CPT-4 codes for E&M services are not separately reimbursable if billed for the same patient, for the same specialty¹ at the same facility or the same facility group² on the same date -or within the subsequent week- of service. In such cases, for the following combinations, reimbursement will be made only for the higher paying of the codes billed.
 - i. New patient, office or other outpatient visit and another new patient, office or other outpatient visit.
 - ii. Established patient, office outpatient visit occurring within 7 days from the initial New/established patient, office or other outpatient visit.
 - iii. New or established patient, subsequent hospital care and new or established patient, initial inpatient consultation. Applicable only for the same date of service.
 - iv. New or established patient, initial hospital care and new or established patient, subsequent hospital care. Applicable only for the same date of service.
- Calculation of the “Follow up within one week” starts from and includes the day of visit (ActivityStart); and shall be billed using E&M code of an established patient codes 99211 to 99215 at “0” value.

¹ Specialty refers to the “category” column in the DOH published list of Clinician licenses at [Dictionary - Shafafiya | Department of Health Abu Dhabi \(doh.gov.ae\)](https://doh.gov.ae/Dictionary-Shafafiya).

² A Healthcare Facility Group is a group of DoH Licensed Healthcare facilities that are under the same ownership(s) or under the same direct management and oversight of a headquarters.

5.4 Modifiers

5.4.1 Modifier (25)

Description: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

- E&M services rendered on the same date of service by the same facility, same clinician as that of a minor procedure, for the same principle diagnosis / chief complaint shall not be reimbursed separately. However:
 - ii. A significant and separately identifiable E&M service unrelated to the decision to perform the minor procedure shall be separately reimbursable by reporting the E&M service with Modifier 25 if provided by the same physician on the same day as the minor procedure or service.
 - iii. The physician must appropriately and sufficiently document both the E&M service and the minor procedure in the patient's medical record to support the claim for these services.
 - iv. Modifier 25 shall only be appended to E&M services and may be applicable with multiple E&M services.
 - v. Modifier 25 shall be reported as an observation field as defined in Routine Reporting requirements published at www.doh.gov.ae/shafafiya/reporting.
- Modifier 25 is applicable with the procedures listed in “modifier 25 relevant CPTs” sheet in the Routine reporting requirements published at www.doh.gov.ae/shafafiya/reporting.

5.4.2 Modifier (52)

Description: Reduced Services

- It is intended to be used in Abu Dhabi when billing E&M CPT codes for follow up E&M visits occurring between day 8 to 14 of the initial E&M visit. The first E&M visit during this period will be paid at 50% of the contractual price. Any subsequent E&M visit during the same period will be paid at “0” value.
- This rule is applicable to all E&M visits for the same patient, for the same specialty at the same facility or the same facility group.
- In case the patient visits a clinician of different specialty but with privileges for the specialty of initial E&M visit, this shall be adjudicated as a subsequent E&M visit to a physician of same specialty.
- Modifier 52 must be reported as an observation field to E&M CPT codes as defined in Routine

Reporting requirements published at www.doh.gov.ae/shafafiya/reporting to be eligible for the 50% reimbursement.

- Below groups and conditions are excluded from the applications of day 8 to 14 day follow up rules:
 - E&M visits for pediatric patients under 18 years.
 - E&M visits for senior patients above 60 years.
 - E&M visits for People of Determination.
 - E&M visits related or following IFHAS, other preventive screenings, and vaccination services.
 - E&M visit for Psychiatric conditions as performed by Psychiatrist only.
 - E&M visit for Pregnancy and Maternity related conditions.
 - Emergency E&M visits.

5.4.3 Modifier (24)

Description: Unrelated Evaluation and Management Service by the Same Physician during a Postoperative Period.

Modifier 24 is intended to be used in Abu Dhabi as per below rules:

- modifier 24 may be used for 100% reimbursement of unrelated E&M visits provided for the same patient, for the same specialty, at the same facility or the same facility group occurring within day 1 to 14 follow up period.
- The following are eligible for a 100% E&M payment while occurring within day 1 to 14 follow up period:
 - The subsequent E&M visit cannot be reasonably related or detected as part of the initial E&M visit, documentation of evidence and justification should be provided to avail reimbursement.
 - Referral to a subspecialist consultant in the same specialty for a second opinion (99241 – 99245).
 - E&M visits occurring within day 8 to 14 follow up period of an initial Emergency E&M visit.
- Modifier 24 must be reported as an observation field to E&M CPT code as defined in Routine Reporting requirements published at www.doh.gov.ae/shafafiya/reporting to be eligible for 100% reimbursement.

5.4.4 Modifier (50)

Description: Bilateral Procedure.

- Modifier 50 for bilateral surgical procedures to be used with procedures that occur on identical, opposing structures (e.g., eyes, shoulder joints, breasts).
- Modifier 50 is applicable with the procedures listed in “modifier 50 relevant CPTs” sheet in the Routine reporting requirements published at www.doh.gov.ae/shafafiya/reporting.



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- Modifier 50 must be reported as an observation field to applicable procedure CPT codes listed in Appendix 1 as defined in Routine Reporting requirements published at www.doh.gov.ae/shafafiya/reporting to avail the adjusted reimbursement.
- If a procedure is eligible for the 150 % adjusted reimbursement for bilateral procedures, the procedure should be reported with modifier 50 and one service unit.