

Addendum 43 to DOH Claims & Adjudication Rules

Version

V2012

Including the Mandatory Tariff Pricelist Application Rules.



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1. Purpose of this Document.

The purpose of this addendum is to update Section 4.3 Perdiem of the Claims and Adjudication Rules that would provide new guidance and clarification on the accurate reimbursement of medical and surgical supplies.

2. Rule effective Date:

01-June-2024

3. Claims and Adjudication Rules

4.3 Perdiem

- Codes that are defined as Perdiem are:
 - Subcategory 2.1: Room and Board
 - Subcategory 2.2: Intensive Care.
 - Subcategory 2.3: Nursery
 - Subcategory 2.4: Special Care
 - Subcategory 2.5: Long Term Stay
 - Subcategory 2.6: Observation, Day Stay and other rooms
 - Subcategory 2.7: Dialysis
- Unless otherwise specified, all per Diem are daily all-inclusive and shall be inclusive of:
 - Room and Board Charge, care equipment and systems specific to the special room type.
 - Evaluation and Management.
 - Routine Nursing and medical supervision charges.
 - All therapies (including respiratory therapy, all physiotherapy, nutritional therapy etc).
 - Radiology tests excluding MRI, CAT Scans and PET Scans.
 - Laboratory tests.
 - Anesthetist and anesthesia charges.
 - Operation Room.
 - Recovery Room.
 - Drug/pharmaceuticals:
 - For other than long term care: cost of single drug that doesn't exceed AED 1000 in accumulative cost during the entire length of stay.
 - For Long Term Care: all drugs regardless of its cost.



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- Products or supply:
 - For other than long term care: **please see Special Rules at the end of this document.**
 - For Long Term Care: all consumables, products and supplies regardless of its cost.
- For the Basic Product: all items which do not have a valid and covered code in the Mandatory Tariff pricelist.
- NICU, PICU, ICU, SCU and SCBU are inclusive of all the above but are exclusive of radiology tests, laboratory tests and all drugs.
- In using the perdiems, providers shall only claim the rate set for the respective per diem code, and any excluded services. For the services that are included in the per diem code providers are required to report the proper codes as activity line but keep charges at a value of zero as a prerequisite for reimbursement. Encounters containing per diem codes and have "Encounter.StartDate" **October 15th 2012** onward, must have observations as defined in Routine reporting requirements published on <https://www.doh.gov.ae/en/Shafafiya/> under Reporting / Reporting requirements / Routine reporting / Reference = "ActivityCost"⁴.
- In 2012, the mandatory use of the per diem service code for the Basic Product, shall be limited to:
 - **Ambulatory Services (medical and surgical):** codes 25---01 and 25---02 for the patient medically expected to remain confined for 6 to 12 hours.
 - **Outpatient assessment, examination, monitoring, treatment or therapy purposes:** Service code 24 for patients medically expected to remain confined for less than 6 hours.
 - **Long Term Care (LTC):** codes 17---13, 17---14, 17---15 and 17---16 – as defined. LTC Service Codes must be used in accordance to the HAAD Standard for Provision of Long---Term Care⁵.
 - **Inpatient Dental Care:** Limited to emergency cases only. Using the appropriate code of perdiems with Sub---Category 2.1. Dental services not included in the per diem, must be billed as Fee---for---Service.
- **Transferred Cases:**
 - For Transfer patients between facilities (inter---hospital transfers) for the purpose of managing acute medical condition. Transfer Case definition doesn't apply to patient transferred to facilities or inter---hospital for Long Term Care..
 - Payment for transferred cases shall be in accordance with the following rules:
 - Transferring facility should bill and receive payment for Per diem, using the designated Service Codes:
 - The receiving facility shall receive payment IR---DRG payment⁶.

⁴ Providers can start including the observations in the e---claim on voluntary basis prior to Oct 15th, however all healthcare entities are mandated to utilize the observation for billing and payment purposes as of Oct 15th 2012.

⁵For reference see the Long Term Care Standard at www.doh.gov.ae

⁶Refer to IR---DRG claiming methodology, for details.



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- For transferred patient encounters, data elements must be reported in accordance with the rules defined in HAAD Data Standard for transferred cases, which include but are not limited to: “EncounterStartType”, “EncounterTransferSource”, “EncounterTransferDestination”, and “EncounterEndType”.
- **Special Rules on HCPCS for Perdiems other than long term care:**
 - **General Rules:**
 - Perdiems other than long term care shall be eligible for separate reimbursement of medically indicated supplies and devices represented by HCPCS codes.
 - To be eligible for a separate reimbursement, the approved HCPCS code should represent a single item costing more than AED 1,500 and only the amount in excess of AED 1,500 shall be reimbursed separately.
 - If applicable, all items eligible for separate reimbursement shall require preauthorization as per the existing Schedule of Benefits.
 - For pre-assembled kits, reporting and billing of the individual items within the kit using the appropriate HCPCS codes is required.
 - Providers are required to report as an observation note the details of the items for which any of the HCPCS codes are used for, such as description of the item, manufacturer name, product name, and gross price.
 - Providers are required to submit the invoice of items to be reimbursed separately at claim level.
 - **Rules for A4649:**
 - A4649 shall only be used when no HCPCS code exists to accurately describe the item eligible for reimbursement. If A4649 is used, the above general rules shall apply for reimbursement.
 - An item billed using A4649 should meet all below requirements:
 - The item is determined to be medically justified for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body part.
 - The item is an integral and subordinate part of the service furnished, is used for one patient only, comes in contact with human tissue or is surgically implanted or inserted via introduction into the human body through a surgically created incision.
 - The item is not a pre-assembled kit comprising of items with specific HCPCS codes.