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| **Addendum 15 to DOH Claims & Adjudication Rules** | **Version**  **V2012** | |
| **Including the Mandatory Tariff Pricelist Application Rules.** | |  |

1. **Purpose of this Document.**

This Addendum is issued to introduce new service codes for Comprehensive Screening Program

1. **Effective Date:**

14 January 2021.

1. **Service Codes:**

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| Code | Short Code Description | Long Code Description |
| 52-01 | Comprehensive Screening Package for Young adults (male and female ages 18-39 years) | Comprehensive Screening Package for Young adults (male and female ages 18-39 years) including the following services  Every 3 years:   * 99201 * 36415 * 82947 * 83036 * 80061 * 82565   Annual:   * 01103 * 13211 |
| 52-02 | Comprehensive screening package for male adults (age 40-64 years old) | Comprehensive screening package for male adults (age 40-64 years old) including the following services  Every 3 years   * 99201 * 36415 * 82947 * 83036 * 80061 * 82565   Annual:   * 82274 * 01103 * 13211 |
| 52-03 | Comprehensive screening package for female adults (age 40-64 years old) | Comprehensive screening package for female adults (age 40-64 years old) including the following services  Every 3 years   * 99201 * 36415 * 82947 * 83036 * 80061 * 82565   Every 2 Years:   * 77057   Annual   * 01103 * 13211 * 82274 |
| 52-04 | Comprehensive screening package for Senior male adults (age 65-75 years old) | Comprehensive screening package for Senior male adults (age 65-75 years old) including the following services  Every 3 years   * 99201 * 36415 * 82947 * 83036 * 80061 * 82565 * 77080   Annual:   * 82274 * 01103 * 13211 * 92553 * 99173   once in life   * 76700 |
| 52-05 | Comprehensive screening package for Senior Female adults (age 65-75 years old) | Comprehensive screening package for Senior Female adults (age 65-75 years old) including the following services  Every 3 years:   * 99201 * 36415 * 82947 * 83036 * 80061 * 82565 * 77080   Every 2 Years:   * 77057   Annual:   * 82274 * 01103 * 13211 * 92553 * 99173 |
| 52-06 | Colon cancer screening package for Male and Female (age 40-75 Year old) | Colon cancer screening package for Male and Female (age 40-75 Year old) including the following services  Every 10 years   * 99201 * G0105 |
| 52-07 | Cervical cancer screening for Female (25-29 Year old) | Cervical cancer screening for Female (25-29 Year old) including the following services  Every 3 years:   * 99201 * 88142 |
| 52-08 | Cervical cancer screening for Female (30-64 Year old) | Cervical cancer screening for Female (30-64 Year old) including the following services  Every 3 years:   * 99201 * 88142   Every 5 years   * 87621 |
| 52-09 | Lung cancer screening for Male & Female 55-75 Year old ( high risk only, heavy smokers) | Lung cancer screening for Male & Female 55-75 Year old ( high risk only, heavy smokers) including the following services  Annual:   * 99201 * 71250 |

1. **Claims and Adjudication Rules**

* The above service codes must be only reported with EncounterType=7; and
* An observation must be reported in the eClaim with the use of Codes 52-01 to 52-09 as defined in Routine Reporting Requirements published on <https://www.doh.gov.ae/en/Shafafiya/reporting>
* Reimbursement for codes 52-01 to 52-09 shall not be allowed if billed jointly or with CPTs 99201-99215, 99401–99420 and 99381-99387; if billed by the same facility, for the same patient, same principle 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 52-09. 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 – 99420) 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.