# Addendum 1 to HAAD Claims & Adjudication Rules

**Version**

**V2012**

هيئة الصحة
HEALTH AUTHORITY

**Including the Mandatory Tariff Pricelist Application Rules.**

## 1. Purpose of this Document.

Setting the claims and adjudication rules for Service Codes 50-01, 50-02 and 50-03.

## 2. Rule effective Date:

Oct 15th 2012.

## 3. Service Codes List

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|---|---|
| 50-01 | Comprehensive screening evaluation and management by clinician of an individual, including an age and gender appropriate history, questionnaire filling, examination, and ordering of laboratory/diagnostic procedures, new or established patient; 30-40 minutes. |
| 50-02 | Comprehensive screening by a non-physician clinician of an individual, including vital signs, an age and gender appropriate history, coordination for ordering of laboratory/diagnostic procedures and questionnaire filling, new or established patient; 30-40 minutes. |
| 50-03 | Educational services rendered by Clinician (Physician or Non-Physician) to patient opting out of the Comprehensive Screening, new or established patient; 10-15 minutes. |

## 4. Claims and Adjudication Rules

- Codes 50-01, 50-02 and 50-03 must only be reported with EncounterType=7; and
- An observation must be reported in the eClaim with the use of Codes 50-01 and 50-02; as defined in Routine Reporting Requirements published on https://www.shafafiya.org under Standards / Reporting requirements / Routine reporting/ Reference = ” WeqayaScreening”

- Reimbursement for codes 50-01, 50-02 and 50-03 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 (Weqaya 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 50-01, 50-02 and 50-03. 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 this 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.