



Rule Category:
Medical

Ref: No:
2013-MN-0003

Version Control:
Version No. 2.0

Effective Date:
May 2013

Revision Date:
August 2015



Down Syndrome Screening

Adjudication Rule

Table of content

Abstract	Scope	Adjudication Policy	Adjudication examples	Denial codes	Appendices
Page 1	Page 2	Page 2	Page 3	Page 3	Page 3

Abstract

For Members

Down syndrome is a genetic disorder, associated with the presence of an extra chromosome 21, characterized by mild to severe mental impairment, weak muscle tone, shorter stature, and a flattened facial profile.

Daman covers Down syndrome screening for all those pregnant women having the coverage benefit for pregnancy.

For Medical Professionals

Daman covers Down syndrome screening, if the member fulfills the criteria of screening and is in the high risk or clinically indicated category and has received adequate counseling and information regarding the risk of having a child with Down syndrome.

Approved by:
Daman

Responsible:
Medical Strategy &
Development Department

Related Adjudication Rules:
None

Disclaimer

By accessing these Daman Adjudication Rules (the "AR"), you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this AR is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The AR is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman AR. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This AR does not grant any rights or impose obligations on Daman. The AR and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this AR, including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This AR is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the AR as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This AR is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This AR incorporates the Current Procedural Terminology and Current Dental Terminology (CPT® and CDT®, which is a registered trademark of the American Medical Association ("AMA"), and the American Dental Association ("ADA") respectively), and the CPT and CDT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the AR at any time by providing one month prior notice.

Scope

This guideline highlights the coverage of Down Syndrome screening for all health insurance plans administered by Daman (as per the policy terms and conditions), provided the member fulfills the criteria of screening and is in the high risk or clinically indicated category and has received adequate counseling and information regarding the risk of having a child with Down Syndrome.

Down syndrome is a genetic disorder, associated with the presence of an extra chromosome 21, characterized by mild to severe mental impairment, weak muscle tone, shorter stature, and a flattened facial profile.

Adjudication Policy

Eligibility / Coverage Criteria

The following is the criteria for a woman to be eligible for Down syndrome screening:

- Above 35 years of age;
- Family history of a baby with Down Syndrome;
- A suspicious ultrasound that might show signs of Down syndrome.

If the patient is positive for anyone of the above criteria, the following combinations will be observed:

1 st Trimester	2 nd Trimester	
Combined Screening	Triple/Quadruple Screening	Amniocentesis/ CVS
+	+	✓
+	-	✗
-	✗	✗
Not done	+	✓
Not done	-	✗

- +
 -
 - ✓
 - ✗
- = Positive
= Negative
= Passed
= Rejected

First Trimester

Screening Tests (Combined):

- hCG qualitative/free (84703 and 84704)
- Pregnancy-associated plasma protein (PAPP-A)(84163)
- Nuchal Translucency (NT) Scan (76813, 76814)

Second Trimester

Screening Tests:

- Triple (84703, 82677, and 82015)
- Quadruple (84703, 82677, 86366 and 82015)

Diagnostic Tests:

- hCG qualitative (84703)
- CVS (59015, 76945)
- Amniocentesis (59000, 76946)

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Daman does not cover Down syndrome screening in the health insurance plans where pregnancy is not covered. Coverage is restricted if the above criteria is not met.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: A 23 year old female having a Enhanced Plan came with the following:

Diagnosis	Codes
Supervision of Normal Pregnancy	ICD9
Gonadotrophin, chorionic (hCG); free betachain	CPT
Alpha-fetoprotein, serum	CPT
Estriol	CPT

Answer: The whole claim will be rejected under MNEC-003.

Example 2

Question: A 44 year old female holding a Thiqa card, had the following claim:

Diagnosis	Codes
Elderly primigravida	ICD9
Antenatal screening for malformation using ultrasonics	ICD9
Gonadotrophin, chorionic (hCG); free betachain	CPT
Alpha-fetoprotein, serum	CPT
Estriol	CPT
Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	CPT
Chorionic villus sampling	CPT

Answer: The claim will be passed.

B. Revision History

Date	Change(s)
01-07-13	V1.1: New template
15-07-14	1. V 2.0 2. Disclaimer updated as per system requirements

Denial codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
NCOV-003	Service(s) is (are) not covered
NCOV-001	Diagnosis (es) is (are) not covered.

Appendices

A. References

1. NHS. (2011). *Screening for Down's syndrome*. Available: fetalanomaly.screening.nhs.uk/getdata.php?id=11393. Last accessed 20/11/12.
2. NHS Foundation Trust. (2011). *Down's syndrome Screening Tests Explained*. Available: http://www.liverpoolwomens.nhs.uk/Library/our_services/maternity/Antenatal_screening/Downs_syndrome_screening_tests_explained.pdf. Last accessed 20/11/12