

# Pneumonia in Children (In-Patient)

## Adjudication Guideline

**Rule Category:**  
Medical

**Ref: No:**  
2017-MN-030

**Version Control:**  
Version No. 2.0

**Effective Date:**  
11/12/2017

**Revision Date:**  
30/12/2024

**Approved by:**  
Daman

**Responsible:**  
Medical Standards  
& Research

**Related Adjudication  
Guidelines:**  
N/A

## Table of Contents

1.	Abstract .....	3
1.1	For Members.....	3
1.2	For Medical Professionals.....	3
2.	Scope .....	3
3.	Adjudication Policy.....	4
3.1	Eligibility / Coverage Criteria.....	4
3.2	Requirements for Coverage .....	6
3.3	Non-Coverage.....	6
3.4	Payment and Coding Rules .....	6
4.	Denial Codes.....	6
5.	Appendices .....	7
5.1	References .....	7
5.2	Revision History .....	7

## 1. Abstract

### 1.1 For Members

Pneumonia is an infection of the lungs that causes coughing, fever, and difficulties in breathing and poor feeding. It is a serious illness, especially in young children.

Pneumonia can be caused commonly by bacteria or viruses. The most likely cause of pneumonia depends on the child's age.

Pneumonia is caused by a variety of germs (viruses, bacteria, fungi, and parasites). Most cases, though, are caused by viruses. These include adenoviruses, rhinovirus, influenza virus (flu), respiratory syncytial virus (RSV), and para influenza virus (which also can cause croup).

Often, pneumonia begins after an upper respiratory tract infection (an infection of the nose and throat), with symptoms starting after 2 or 3 days of a cold or sore throat. It then moves to the lungs. Fluid, white blood cells, and debris start to gather in the air spaces of the lungs and block the smooth passage of air, making it harder for the lungs to work well. The clinical features of Pneumonia vary with the age of the child.

Children with Pneumonia may present with fever, vomiting, cough, and wheeze or chest pain. They may also present with abdominal pain and/or vomiting and may have headache.

### 1.2 For Medical Professionals

The goal of this guideline is to decrease morbidity and mortality rates for Pneumonia in children by presenting recommendations for clinical management that can be applied in individual cases if deemed appropriate by the treating clinician.

The decision to hospitalize a child with Pneumonia is based upon age, underlying medical problems and severity of illness as per the international best practice.

## 2. Scope

This guideline highlights the management for all children (including neonates) diagnosed with pneumonia in the inpatient settings. It provides the criteria for diagnosis, hospitalization and outline appropriate therapies in order prevent complications.

Congenital pneumonia has been excluded from the scope of the guideline.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Daman covers all types of pneumonia including community acquired pneumonia, viral and fungal pneumonia subjected to medical necessity and policy terms and conditions.

#### Recommendations for admission criteria

##### Indicated for one or more of the following:

- Hypoxemia.
- Hemodynamic instability.
- Toxic clinical appearance in child.
- Altered mental status that is severe or persistent.
- Age 2 months or younger.
- Failure of outpatient treatment (worsening or no response in 48 to 72 hours).
- Dehydration or inability to maintain hydration orally or inability to feed an infant.
- Retractions (e.g. suprasternal, intercostal, or subcostal).
- Grunting or nasal flaring.
- Suspected or documented pneumonia caused by methicillin-resistant *Staphylococcus aureus* OR other highly virulent pathogen.
- Pleural effusion.
- Bacteremia.
- Empyema.

#### Recommendations for ICU admission

The decision to treat a child in an intensive care setting is individualized, based upon clinical, laboratory and radiologic findings. Treatment in an intensive care unit is warranted for children who manifest the below:

- Signs of respiratory Failure.
- Need for invasive or Non-invasive ventilation.
- Hemodynamic Instability or cardiovascular compromise with progressive tachycardia and/or hypotension that requires or is refractory to fluid management.
- Pulse Oximetry less than 92% on more than 50% inspired Oxygen.
- Recurrent apnea or slow irregular respiration.
- Altered mental status.

### Goal length of Stay:

- Ambulatory Stay in Neonate: 6 days.
- Ambulatory stay in Children: 2 OR more days.

**Note:** Goal Length of Stay assumes optimal recovery, decision making, and care. Patients may be discharged to a lower level of care (either later than or sooner than the goal) when it is appropriate for their clinical status and care needs.

### Recommendations for investigations:

The below list highlights the recommended investigations (non exhaustive);

- Pulse Oximetry
  - Recommended in all children with pneumonia and Suspected Hypoxemia. The presence of Hypoxemia should guide decisions and further diagnostic testing.
- Chest X-ray:
  - Recommended in all patients hospitalized for management of community acquired pneumonia to document the presence, size, and character of parenchymal infiltrates and identify complications of pneumonia that may lead to interventions beyond antimicrobial agents and supportive medical therapy. Repeated chest radiographs are not routinely required in children who recover uneventfully from an episode of pneumonia.
- Blood Culture
  - Recommended in moderate to severe bacterial pneumonia.
- Sputum Gram Stain and culture
  - Sputum samples for culture and Gram stain should be obtained in hospitalized children who can produce sputum.
- Urinary Antigen Detection Tests
  - Not recommended for the diagnosis of pneumococcal pneumonia in children; false positive results are common.

## Recommendations for treatment:

The initial treatment of children who are hospitalized with pneumonia is empiric. Factors that must be considered include the spectrum of likely pathogens, antimicrobial susceptibility, simplicity, tolerability and safety.

- Supportive care.
- Antipyretics and analgesia.
- Fluid management for children who cannot maintain adequate fluid intake because of breathlessness, fatigue or risk of aspiration.
- Anti-microbial management.

In most cases, pneumonia is caused by a virus that does not require antibiotics; however, pneumonia caused by bacteria is treated with antibiotics. The type of antibiotic used depends on the type of bacteria thought to have caused the pneumonia.

Chest physiotherapy is not beneficial for children with uncomplicated community acquired pneumonia as had no effect on length of hospital stay, duration of fever, or radiographic resolution.

### 3.2 Requirements for Coverage

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

### 3.3 Non-Coverage

Daman does not cover services considered to be experimental, investigational or non-aligning with best practice and evidence based medicine.

### 3.4 Payment and Coding Rules

Please apply the regulator’s payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

## 4. 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
AUTH-001	Prior approval is required and was not obtained
CODE-005	Diagnosis is inconsistent with the patient's gender

## 5. Appendices

### 5.1 References

- <https://www.uptodate.com/contents/pneumonia-in-children-inpatient-treatment>
- <https://academic.oup.com/cid/article-lookup/53/7/e25#74161560>
- <http://www.choc.org/health-topics/sign-symptoms-pneumonia/>
- <https://www.researchgate.net/search?q=Pneumonia>
- <http://emedicine.medscape.com/article/967822-overview#a4>
- <https://careweb.careguidelines.com/ed21/index.html>
- <http://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-016-0651-5>
- <https://academic.oup.com/cid/article-lookup/doi/10.1086/511159#5405490>
- [https://med.stanford.edu/content/dam/sm/bugsanddrugs/documents/clinical\\_pathways/SHC-Pneumonia-Guideline.pdf](https://med.stanford.edu/content/dam/sm/bugsanddrugs/documents/clinical_pathways/SHC-Pneumonia-Guideline.pdf)
- <http://emedicine.medscape.com/article/360090-overview>
- <https://www.radiologyinfo.org/en/info.cfm?pg=pneumonia>
- <http://www.who.int/mediacentre/factsheets/fs331/en/>

### 5.2 Revision History

Date	Change(s)
11/12/2017	Release of V1.0
30/12/2024	Release of V2.0 General Content, References and Template update

#### Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below: The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter “Daman”). The Adjudication Guideline 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 Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline 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 Adjudication Guideline 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 Adjudication Guideline 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 Adjudication Guideline 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 Adjudication Guideline 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 Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association (“AMA”) and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.