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Down Syndrome Screening

Adjudication Rule

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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

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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