

Dear eClaimLink Payer,

DHA is glad to see the eClaimLink transactions stabilizing between the healthcare Providers, Payers and TPAs within the healthcare insurance market. Transforming the market from a non-regulated paper based market into a fully regulated electronic one was the initial step towards being the best healthcare system in the world.

DHA is focusing on quality through a set of safety guidelines below:

Potential risk study

- eClaimLink data analysis of potential risk of serious drug interactions and contraindications of the top dispensed drugs in Dubai for last 6 months was done.
- The results show potential serious risk cases.
- To reduce such risk **payers and providers must intervene.**

Payers must conduct safety checks (as per HIP requirements on ePrescriptions):

- At physician level when prescribing
- At pharmacy level when dispensing

Details of edits required are as per HIP requirements.

Messages on safety delivered in responses (PriorAuthorizations)

- Expected to be clear to the provider (specifically physician and pharmacy)
- Use the denial code (when rejection) and the comment section to send clear message details
- Rejections are expected (with denial codes) when a potential severe (high risk) safety issue of drug interaction, contraindication, age, gender, dose, duplicate therapy is anticipated
- Soft messages are expected as well (without rejections) on minor safety precaution messages
- Payers are expected to use well established medical edits/systems and references for their decisions.

Denial Codes when rejections are expected

- Select most appropriate denial code.
- if not available then use of the general denial code NCOV-03 'Service is not covered' is expected with detailed message why it is not covered by the payer explaining the safety risk
- A new [Denial Codes List](#) (*log in for access*), with more specific safety reasons, has been published on eClaimLink on February 4, 2015, and will be activated March 1, 2015 (New denial code set is provided below with explanation for the cases where each code will be used).
- It is expected that the payers use such message when applicable. The generic denial code can still be used for the specific safety ones as a transition till **May 31, 2015.**

Revisions and overrides to payer decision on safety

- Overrides are expected in certain cases (meaning rejections to be switched into approvals).

- Overrides will be after discussion between the clinician and the payer of the patient case and clinician still insists that benefits outweigh risk of taking the drug(s), then the payer can override it.
- These overrides shall be provided during prescribing and dispensing as needed. Payers should make available the tools and call center resources to enable this real-time when requested (as per HIP requirements).

Message to Providers (mainly physicians and pharmacists)

- Providers need to take potential risk to patient safety seriously and pay attention to payer messages in this regard.
- Providers are expected to use appropriate tools to ensure safe prescription and dispensation of medications.
- Providers need to understand that a process of override exists and can be used as explained in the section above.

Denial Code Set

Below is a list of the new Denial codes to facilitate clear rejections to the providers based on the checks performed on the payer side

Safety Denial Codes (to be used when potential severe health risk is anticipated)

Code	Description
SURC-001	Potential Severe drug - drug interaction Denial code used to alert the Provider that the there is a potential severe drug – drug interaction with high safety risk.
SURC-002	Potential Severe drug - age contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the drug and the age of the patient with high safety risk.
SURC-003	Potential Severe drug - gender contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the drug and the gender of the patient with high safety risk.
SURC-004	Potential Severe drug - diagnosis contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the drug and the patient’s diagnosis with high safety risk.
SURC-005	Potential Severe procedure\service - diagnosis contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the procedure\service and the patient’s diagnosis with high safety risk.
SURC-006	Potential Severe procedure\service - drug contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the procedure\service and a drug given to the patient with high safety risk.

SURC-007	Potential Severe procedure\service - procedure contraindication Denial code used to alert the Provider that the there is a potential severe contraindication between the procedure\service and another procedure with high safety risk.
SURC-008	Potential Serious safety issue with drug dose Denial code used to alert the Provider that the there is a potential serious safety issue with the drug does requested for the patient.

Additional Codes

Advisory Denial Codes

If payers still want to use codes for **less severe** cases to differentiate them from the High-risk cases, please use the code set below:

Code	Description
AUTH-006	Alert drug - drug interaction or drug is contra-indicated Denial code used to advise the Provider that there is an interaction between two drugs, or if the drug is contra-indicated with a certain diagnosis.
AUTH-007	Drug duplicate therapy Denial code used to advise the Provider for therapeutic duplication between drugs within the same therapeutic classes.
AUTH-008	Inappropriate drug dose Denial code used to advise the Provider that the drug does provided is inappropriate.
AUTH-009	Prescription out of date Denial code used to notify the Provider that the prescription requested has already expired.
AUTH-010	Authorization request overlaps or is within the period of another paid claim or approved authorization Denial code used to notify the Provider that the service is being requested with an overlapping period of an existing approved authorization or a claim submission.
AUTH-011	Waiting period on pre-existing / specific conditions Denial code used to notify the Provider that the service is not covered due to a waiting period on a pre-existing condition.

Operational Denial Codes (not related to safety but DHA is adding to Denial code list)

Code	Description
CLAI-017	Services not available on direct billing Denial code used to notify the Provider that the service is not covered on direct billing.

CLAI-018	Claims Recalled By Provider Denial code used to notify the Provider that the ClaimSubmission has been recalled by the submitting provider.
PRCE-011	Discount discrepancy Denial code used to notify the Provider that the paid amount is not equal to the requested amount due to a discount discrepancy.
WRNG-001	Wrong submission, receiver is not responsible for the payer within this transaction submission. Denial code used to notify the Provider that the payer within the transaction is not under the receiver's responsibility.

Best Regards,

Information Desk Officer

eClaimLink

<https://www.eclaimlink.ae/>

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