



Dubai Medical Coding Guidelines

Dubai Medical Coding Task Force

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Dubai Medical Coding Task Force

The Dubai Medical Coding Task Force is a group of professional coders and healthcare operators. This task force operates under the Health Funding Department of the Dubai Health Authority. Its main scope is to guide the healthcare community on the adoption and use of the medical coding sets to be used with regard to the electronic claiming process in the Emirate of Dubai as part of its eClaimLink project.

The Task Force shall meet on a regular basis and shall release medical coding guidelines to the community as the medical coding process evolve and mature. Meeting minutes and releases shall be published on the eclaimlink.ae site.

Inquiries regarding Medical Coding can be directed to its members (names published on eClaimLink.ae site) or can be sent to DHA at the following email address: dmcc@eclaimlink.ae

Medical Coding

Medical Coding in Brief

Medical coding is the transformation of narrative descriptions of diseases, injuries, healthcare procedures and observations into numeric or alphanumeric designations (that is, code numbers), following Guidelines and Rules. The code numbers are detailed in order to accurately describe the diagnoses (the condition which reasoned the encounter with the healthcare provider) and the procedures for either diagnostic or therapeutic purposes. Because medicine is not always an exact science, codes were developed to identify all reasons for seeking healthcare.

Medical coding is used for a variety of application in clinical care, research, education and billing medical insurance claims:

- statistical analysis and research of diseases and therapeutic actions
- reimbursement of insurance claims between providers and payers
- knowledge-based and decision support systems
- direct surveillance of epidemic or pandemic outbreaks

Medical Coding and Insurance Claims

Medical coding provides a key step in the process of preparing and sending electronic claims (eClaims). Every time a patient receives professional health care, be it in a physician's office, hospital outpatient or inpatient facility or emergency services, home care or other locations, the provider must document the services provided. The Coder will abstract the information from the documentation, assign the appropriate codes, and create a claim to be paid, whether for the patient, insurance company or a TPA.

Medical Coding and Medical Billing

The Medical Coder is not responsible to ensure the invoices are paid properly. He/she is responsible for ensuring that all documentation is accurately and completely coded. The medical coder is primarily responsible for abstracting and assigning the appropriate coding on the claims. In order to accomplish this, the coder checks a variety of sources within the patient's medical record, (i.e. the transcription of the doctor's notes, ordered laboratory tests, requested imaging studies and other sources) to verify the work that was done. Then the coder must assign CPT codes, ICD10-CM codes and HCPCS codes (for consumable and supplies only) to both report the procedures that were performed and to provide the medical biller with the information necessary to process a claim for reimbursement by the appropriate insurance company or TPA. Its important to clarify that the medical coder should work independently from the finance department.

Expectations from Medical Coders

- Apply coding rules to code all diagnoses and procedures, as applicable, to inpatient, day patient, emergency patient and outpatient visits at the designated facility.
- Perform data entry function of codes as well as other demographic and visit specific information to facility coding database.
- Utilize automated encoder (if applicable) to facilitate coding function, applying all appropriate coding rules.
- Perform quality improvement techniques to coding process in the form of audit and other techniques to improve coding skills and outcomes, utilizing recognized benchmarks and resources.
- Prepare statistical and analytical reports of coded data for facility administration and other requestors as appropriate.
- Participate in continuing education activities to maintain and improve coding skills as well as to stay current with annual coding updates and changes, including coding seminars, article and conferences.

Certifications

There are many bodies that certify for professional coders; most relevant to Dubai's selected coding sets are AHIMA and AAPC. Providers and payers are highly encouraged to seek certified professional coders or certify their existing staff in this regard to assure quality data coding.

Medical Coding and eClaims

- Codes are used in eclaims in three important fields; diagnosis, activities and observations. Its important to clarify that diagnosis and activities are mandatory fields at all times, while observations are not.
- One primary diagnosis is mandatory in eclaims, and none to many secondary diagnosis are anticipated. Also admitting diagnosis is an option. All diagnosis codes shall be ICD10-CM.
- Activities are expected in encounters (visits), reflected in eclaims as one or many of the following codes: CPT, HCPCS, DDC, CDT or DSL code.

Dubai Medical Code Sets

The Emirate of Dubai is adopting the following Coding Sets as its electronic claims (eClaims):

Coding System	Code Designation	Publisher	Version/Year	Domain
International Classification of Diseases - Clinical Modification	ICD 10-CM	CMS_ & NCHS	2012	Diagnosis
Current Procedural Terminology	CPT 4	AMA	2012	Procedures - medical, surgical, and diagnostic services
Healthcare Common Procedure Coding System Level II	HCPCS Level II	CMS	2012	Supplies and Consumables
Code on Dental Procedures and Nomenclature (American Dental)	CDT	ADA	2011-2012	Dental procedures and related services
Dubai Drug Code	DDC	DHA	Current	Drugs and related
Dubai Service List	DSL	DHA	Current	Services assigned codes for special cases
Logical Observation Identifiers Names and Codes	LOINC	RI	2012	Laboratory and Clinical Observations
Systematized Nomenclature of Medicine	SNOMED	IHSTDO	2012	Observations
Universal Numbering System (Dental)	UNS	ADA	2011-2012	Universal Tooth Numbering – Observations

The task force scope covers all the above code sets except the Dubai Drug Code (DDC) which is handled by DHA pharmaceutical Directorate. Approved observation codes & guidelines shall be published in future releases as needed.

Coding Guidelines

The coding guidelines for the above coding set shall follow their publisher's guidelines (e.g. AMA Guidelines for CPT, CMS/NCHS guidelines for ICD10-CM and HCPCS, ADA guidelines for Dental, etc.). For any customized guidelines for Dubai, the Dubai Medical Coding Task Force shall inform the healthcare community through regular releases of its guidelines.

Coding Guidelines Releases

The Dubai Medical Coding Task Force shall release an updated version of the guidelines every 3 months; first release is in April 2012.

Special Guidelines

- It is anticipated that certain observations maybe requested by DHA or payers for certain activities as the process evolve such as UNS for tooth numbering. The coding task force shall release lists of observations that cover for such needs upon requests from stakeholders.
- Evaluation / Management (E/M) CPT codes shall not be valid as codable or billable codes in Dubai eclaims; Dubai Service List shall cover for those services, until further notice.
- All procedures shall be coded and billed with CPT codes only. Any HCPCS procedure codes shall be invalid.
- The Modifiers are not valid for coding or billing until further notice.
- Dual coding with standard codes and non-standard service codes are allowed till end of Dec 2012, but cannot use the non-standard codes alone in eClaims.