

Down Syndrome Screening

Adjudication Guideline

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1. Abstract

1.1 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 pregnant women having the coverage benefit for pregnancy.

1.2 For Medical Professionals

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

2. 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).

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

The following are eligibility criteria for Down syndrome screening:

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

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

1 st Trimester	2 nd Trimester	
Combined Screening	Triple/Quadruple Screening	Amniocentesis/ CVS
Positive	Positive	Passed
Positive	Negative	Rejected
Negative	Rejected	Rejected
Not done	Positive	passed
Not done	Negative	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 82105).
- Quadruple (84703, 82677, 86366 and 82105).

Diagnostic Tests:

- hCG qualitative (84703).
- Chorionic Villus Sampling (CVS) (59015, 76945).
- Amniocentesis (59000, 76946).

Non Invasive Prenatal Testing:

- Patients should be informed about non-invasive perinatal testing (NIPT) as part of assessments for fetal abnormalities
- Offer second trimester screening test or NIPT if booked late for first trimester screening
- Offer non-invasive perinatal testing (NIPT) for high-risk cases (see below)
 - Maternal age ≥ 35 - High nuchal translucency (NT), i.e. NT > 95 th centile (should be referred to fetal medicine services if NT ≥ 3 mm)
 - Abnormal first trimester combined NT screening test (BHCG & PAPP-A) / second trimester serum screening
 - Previous history of aneuploidy (these women should be referred to fetal medicine services for discussion & consultation).
 - Fetal abnormality if decline invasive prenatal diagnostic testing.

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

3.4 Payment and Coding Rules

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

Adjudication Examples

Example 1

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

Diagnosis Codes	Code
Supervision of Normal Pregnancy	ICD
Gonadotrophin, chorionic (hCG); free beta chain	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	Code
Elderly primigravida	ICD
Antenatal screening for malformation using ultrasonics	ICD
Gonadotrophin, chorionic (hCG); free beta chain	CPT
Alpha-fetoprotein, serum	CPT
Estriol	CPT
Ultrasound, pregnant uterus, real time with image documentation, first trimester foetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	CPT
Chorionic villus sampling	CPT

Answer: The claim will be passed.

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
NCOV-003	Service(s) is (are) not covered
NCOV-001	Diagnosis (es) is (are) not covered

5. Appendices

5.1 References

- <https://www.nhs.uk/pregnancy/your-pregnancy-care/screening-for-downs-edwards-pataus-syndrome>
- <https://www.uhliverpool.nhs.uk/our-hospitals/liverpool-womens-university-hospital>
- <https://www.doh.gov.ae/-/media/53DDEF165163450481481DE46FCA653C.ashx>
- <https://www.ehs.gov.ae/en/media-center/news/ehs-early-screening-crucial-for-down-syndrome-early-detection>

5.2 Revision History

Date	Change(s)
01/07/2013	V1.1 <ul style="list-style-type: none"> New template
15/07/2014	V2.0 <ul style="list-style-type: none"> Disclaimer updated as per system requirements
31/12/2024	V3.0 <ul style="list-style-type: none"> General content update Template and References updated
19/06/2026	V4.0 <ul style="list-style-type: none"> Template and References updated Eligibility and Coverage criteria updated to include NIPT testing

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