

Vaccination Administration Adjudication Guideline

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Billing

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1. Abstract

1.1 For Members

This document contains the medical and billing criteria regarding coverage of vaccines and vaccine administration governed under the regulator policies and criteria.

1.2 For Medical Professionals

This adjudication rule provides an overview regarding the coverage of vaccination for all plans administered by Daman and payment and coding rules for reporting these vaccinations.

Vaccine and vaccine administration services covered by Daman can be categorized into:

- Infants, Children and Adolescents.
- Travelers and Other Adults.
- Vaccinations as treatment protocol.
- Adults at high risk of infectious disease.
- Adults with vaccination coverage insurance plans.

2. Scope

This adjudication rule provides overview of vaccination service(s) regarding the following:

- Coverage criteria for all plans administered by Daman.
- Payment and coding rules.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Daman will cover vaccine and vaccine administration services only under few plans if the vaccination is part of treatment protocol.

Daman fully covers vaccinations for Thiqa members under direct billing. For Enhanced plan, vaccination services will follow regulator's rules and policies along with Schedule of Benefits.

Coverage is limited if medically justified diagnosis is missing or if it is not in compliance with the payment and coding rules.

3.2 Requirements for Coverage

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

3.3 Non-Coverage

Vaccine and vaccine administration services are covered only for the plans listed in coverage criteria.

Coverage is limited if medically justified diagnosis is missing or if it is not in compliance with the payment and coding rules.

3.4 Payment and Coding Rules

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

Vaccine and vaccine administration services can be categorized into:

- Infants, children and adolescents.
- Travelers and Other adults.
- Vaccinations as treatment protocol.
- Adults at high risk of infectious diseases.
- Adults with vaccination coverage benefit in their insurance plan.

Immunization scheduled for infants, children and adolescents:

	Age Given	Vaccination Type
Childhood Immunization Schedule	Birth	BCG (Bacillus Calmette-Guerin Vaccine)
		HepB (Hepatitis-B Vaccine)
	End of month 2	Hexavalent (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Hepatitis B, and Inactivated Poliovirus Vaccine)
		PCV13 (Pneumococcal Conjugate 13 valent Vaccine)
		RV1 (Rotavirus Monovalent Vaccine) 2
	End of month 4	Hexavalent (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Hepatitis B, and Inactivated Poliovirus Vaccine)
		PCV13 (Pneumococcal Conjugate 13 valent Vaccine) 1
		RV1 (Rotavirus Monovalent Vaccine)
	End of month 6	Hexavalent (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Hepatitis B, and Inactivated Poliovirus Vaccine)
		PCV13 (Pneumococcal Conjugate 13 valent Vaccine)
		bOPV (Bivalent Oral Polio Vaccine)
	End of month 12	MMR (Measles, Mumps and Rubella Vaccine)
		Var (Varicella Vaccine)
	End of month 18	DTaP-Hib-IPV (Diphtheria, Tetanus, acellular Pertussis, Haemophilus influenzae type b, Injectable Polio Vaccine)
		bOPV (Bivalent Oral Polio Vaccine)
		MMR (Measles, Mumps and Rubella Vaccine)
School Immunization Schedule	Grade 1	DTaP-IPV (Diphtheria, Tetanus, acellular Pertussis, Injectable Polio Vaccine)
		bOPV (Bivalent Oral Polio Vaccine)
		Var (Varicella Vaccine)
	Grade 8	HPV9 (Human Papillomavirus 9 valent Vaccine) for females only
	Grade 11	Tdap (Tetanus, reduced Diphtheria and acellular Pertussis Vaccine)
		MCV4 (Meningococcal ACYW135 Conjugated Vaccine)
	Note: For Grade 1 students who have not been fully vaccinated with MMR vaccine, initiate, or complete the vaccination schedule for those who do not have documentation of receiving 2 doses after their first birthday, with a minimum 4-week interval between doses.	

Coverage of Respiratory Syncytial Virus (RSV) & High-risk adults:

As per regulatory standards.

Rota vaccine:

- The pentavalent rotavirus vaccine requires three doses, at 2, 4 and 6 months. The monovalent rotavirus vaccine (RV1) requires two doses to complete the schedule.
- The first dose of both rotavirus vaccines must be administered between 6 weeks 0 days and 14 weeks 6 days. The vaccine series must not be started after the age of 15 weeks 0 days.
- Rotavirus must not be administered to children older than 32 weeks (8 months 0 days), regardless of the number of doses received before that age.

CPT Codes for Vaccination Administration:

CPT codes reported for vaccine administration are dependent on:

- Age of the patient.
- Presence & absence of vaccination counselling by the physician.

Vaccination as treatment protocol:

Daman also covers some vaccinations which are part of treatment protocol. Vaccines to be used as treatment are:

- Tetanus toxoid vaccine.
- Rabies vaccine and immunoglobulin.
- Snake antivenom.

Note: If a particular vaccine is not covered by the insurance plan as listed in the, this rule will not be applicable. E.g.: Basic plan.

Coding requirement:

- To report CPT codes 90460–90461, the physician or the qualified health care professional, who is reporting the service must perform face-to-face counselling and should document the same.
- It is recommended that the decision for counselling should be depending on patient and parent questions and concerns.
- It is mandatory that the counselling should be on the same date of administration, to report the CPT code 90460.

4. Denial Codes

Code	Code description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities.
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender.
DUPL-002	Payment already made for same/similar service within set time frame.
CLAI-012	Submission not compliant with contractual agreement between providers and payers.
NCOV-003	Service(s) is (are) not covered.
PRCE-002	Payment is included in the allowance for another service.

5. Appendices

5.1 References

- <https://www.doh.gov.ae/-/media/B6CBBBAEAB6546FEB67607CF5F11EF03.ashx/1000>
- <https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization>
- <https://www.ehs.gov.ae/en/services/services-directory/child-health-and-vaccinations>
- <https://www.cdc.gov/vaccines/index.html>

5.2 Revision History

Date	Change(s)
01/07/2013	V1.1 New template Added: New HAAD Rules
15/07/2014	V1.2 Disclaimer updated
31/12/2024	V2.0 General content review Template update References update
30/04/2025	V2.1 General content review
12/06/2025	V2.2 Updated Immunization schedule table

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