

# 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.

**Table#1: Immunization scheduled for infants, children and adolescents updated February 2024 as per DOH:**

	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 and males – (2 Doses)
	Grade 11	Tdap (Tetanus, reduced Diphtheria and acellular Pertussis Vaccine)
		MCV4 (Meningococcal ACYW135 Conjugated Vaccine)
	<b>Note:</b> For <b>Grade 1 students</b> who have not been fully vaccinated with <b>MMR</b> 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.	

## 1. Pneumococcal vaccination schedules (refer to Table #2):

### A. Healthy children <5 years of age:

- Vaccination schedule is 3 doses given at 2, 4 and 6 months.
- The number of doses required initiating or complete the vaccination series for children with incomplete schedules (refer to Table #3).
- PCV13 is used in governmental Healthcare facilities; however, the private sector can use PCV15 (Schedule is 3 doses at 2, 4 and 11 to 15 months).
- It is recommended to complete the series with the same vaccine brand, but in case a series cannot be completed with the same brand of vaccine, the available product of Pneumococcal Conjugate Vaccine should be used.

### B. Preterm birth at <28 weeks gestation:

- PCV13 to be provided as 4 doses given at (2, 4, 6 and 18 months) plus one dose of Pneumococcal Polysaccharide 23 valent Vaccine (PPSV23) at age of 45 years. Refer to Table #2.

### C. All children with a medical condition(s) associated with an increased risk of invasive pneumococcal disease (refer to table #4):

- PCV13 to be provided as 4 doses given at (2, 4, 6 and 18 months) plus one dose of Pneumococcal Polysaccharide 23 valent Vaccine (PPSV23) at age of 45 years. Refer to Table #2.

## 2. Rotavirus:

- RV1 is used in governmental Healthcare facilities, however the private sector can use RV5 (Rotavirus Pentavalent Vaccine). RV5 schedule is 3 doses at 2, 4 and 6 months). It is recommended that the rotavirus vaccine series to be completed with the same product. However, vaccination should not be deferred if the product used for previous doses is not available or is unknown. In this situation, the provider should continue or complete the series with the product available. If any dose in the series was the pentavalent vaccine, or the product is unknown, a total of 3 doses of rotavirus vaccine should be given.
- Refer to the Circular No. (DG 42/13) for the vaccine age limitation and doses gabs.

### 3. **Haemophilus influenzae type b:**

- Children who are behind the vaccination schedule may need less number of doses based on the child age and the number of doses previously received. For Hib catch-up vaccination for children <5 years of age when doses have been delayed or missed refer to table #5.

### 4. **Varicella:**

- Initiate or complete the schedule for the student who do not have documented 2 doses given after the first birthday with minimum gap of 4 weeks.
- Refer to "HAAD Standard for Childhood and Young adult Immunization" for schedule and minimum gap between doses.

### 5. **HPV9**

- Schedule for grade 8 students depends on the age of the student when she/he received the first dose:
  - Students aged below 15 years should receive 2 doses Only (0, 6 Months), even if the 2nd dose given (or will be given) at the age of 15 years or above.
  - Students aged 15 years and above should receive 3 doses (0, 2, 6 Months).
- The vaccination series does not need to be restarted if the schedule is interrupted.

### 6. **MCV4**

- Students who have received MCV4 previously are eligible to receive a 2nd dose, if 5 years or more have been passed since last dose.

Table #2 Pneumococcal Vaccination Schedule for children <5 years of age					
Category	2 months	4 months	6 months	18 months	2-5 years
Healthy children <sup>a</sup>	PCV13	PCV13	PCV13	-	-
Preterm birth at <28 weeks gestation <sup>b</sup>	PCV13	PCV13	PCV13	PCV13	PPSV23 (1 dose at age of 4-5 years)
All children with a medical condition(s) associated with an increased risk of invasive pneumococcal disease <sup>b</sup> , refer to table 3.	PCV13	PCV13	PCV13	PCV13	PPSV23 at age of 22 years
a. Private sector can use PCV15 (Schedule is 3 doses at 2, 4 and 11 to 15 months). b. PCV15 can be provided and PPSV 23 as per the above-mentioned schedule.					

Table #3 Pneumococcal conjugate (PCV13, PCV15) recommended vaccination schedule for healthy children <5 years of age when doses have been delayed or missed				
Age at attendance	Vaccination History	1st dose	2nd dose	3rd dose
3-11 months	0 doses	Give now	4 weeks later	4 weeks later
	1 dose	Previously given	Give now (at least 4 weeks after)	4 weeks later
	2 doses	Previously given	Previously given	Give now (at least 4 weeks after last dose)
12-23 months	0 doses	Give now	8 weeks later	Not needed
	1 dose	Previously given below one year of age	Give now (at least 8 weeks after last dose)	8 weeks later
		Previously given below one year of age	Give now (at least 8 weeks after last dose)	Not needed
	2 doses	previously given	previously given	Give now' (at least 8 weeks after last dose)
24-59 months	0 doses	Give now	Not needed	Not needed
	1 dose	Previously given	If pervious vaccine was PCV13/PCV15/PCVIO Give now <sup>b</sup> (at least 8 weeks after last dose)	Not needed
	2 doses	previously given	previously given	Give now <sup>a</sup> (at least 8 weeks after last dose)
a. Not required if the previous 2 doses administered at age of 12 months or older with gap of at least 8 weeks. b. Not required if the previous dose administered at age of 24 month				



Table #4 Children at high-risk of invasive pneumococcal infection due to underlying medical condition
Functional or anatomical asplenia, including (sickle cell disease, congenital or acquired asplenia)
Congenital or acquired immunodeficiency
Immunosuppressive therapy (including corticosteroid therapy $\geq 2$ mg per kg per day of prednisolone or equivalent for more than 1 week) or radiation therapy
Haematological and other malignancies
Solid organ transplant
Haematopoietic stem cell transplant
HIV infection (including AIDS)
Chronic renal failure or relapsing or persistent nephrotic syndrome
Cochlear implants
Intracranial shunts
Chronic cardiac disease
Chronic lung disease in preterm infants
Cystic fibrosis
Diabetes
Down syndrome
Chronic liver disease

**Table #5**  
**Recommendations for Hib<sup>a</sup> catch-up vaccination for children <5 years of age when doses have been delayed or missed**

Age at Attendance	Previous Vaccination History	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	Booster Dose
3–6 months	0 doses	Give now	1 month later	1–2 months later	18 months of age
	1 previous dose given at least 4 Weeks previously)	Previously given	Give now	1–2 months later	18 months of age
7–11 months	0 doses	Give now	2 months later	Not needed	18 months of age
	1 previous dose	Previously given	Give now at least 4 weeks after last dose	Not needed	18 months of age
	2 previous doses	Previously given	Previously given	At least 4 weeks after last dose	18 months of age
12–14 months	0 doses	Give now	Not needed	Not needed	18 months of age
	1 previous dose	Previously given below one year of age	Give now	Not needed	18 months of age
		Previously given above one year of age	Not needed	Not needed	18 months of age
	2 previous doses	Previously given	Previously given	Not needed	18 months of age
15–59 months	0 doses	Give now	Not needed	Not needed	Not needed
	1 previous dose	Previously given below one year of age	Give now	Not needed	Not needed
		Previously given above one year of age	Not needed	Not needed	Give now <sup>b</sup> at least 8 weeks after last dose
	2 previous doses	Previously given	Previously given	Not needed	Give now <sup>b</sup> at least 8 weeks after last dose

a. Hemophilus influenza type b conjugate vaccine (Hib) conjugated to Tetanus toxoid.  
b. Give the dose at the age of 18 months or older if the pervious dose given at the age of 12 months or older

## 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/2EE93DA9EAB84FA696BC3D131AA4F59B.ashx>
- <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>
- <https://www.doh.gov.ae/-/media/Feature/Resources/Standards/HAAD-Standard-for-Childhood-and-Young-adult-Immunization.ashx>

### 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
22/06/2025	V2.2 Updated Immunization schedule tables

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