

Vaccination Administration Adjudication Guideline

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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.

National Immunization Program – Vaccination Schedule

Table #1

Vaccine	At Birth	2 Months	4 Months	6 Months	12 Months	18 Months	5-6 Years	11 Years	13-14 Years	15-18 Years
BCG	BCG									
Hepatitis B	Hep B									
RSV Monoclonal Antibody	RSV mAb									
Rotavirus		Rota 1	Rota 2							
Hexavalent		Hexa 1	Hexa 2							
Pneumococcal Conjugate (PCV)		PCV 1	PCV 2			PCV 3				
Oral Polio (bOPV)				bOPV 1		bOPV Booster 1	bOPV Booster 2			
Pentavalent				Penta 1						
MMR					MMR 1	MMR 2	MMR*			
Varicella					Varicella 1		Varicella 2			
Combined (DTAP, Hib,IPV)						DTAP, Hib,IPV				
Combined (DTaP, IPV)							DTaP, IPV			
TDP / Tdap										Tdp / Tdap Booster
HPV (Girls)								HPV1, HPV2		
Meningococcal ACWY Conjugate Vaccine					Dose 1			Dose 2		Dose 3

*MMR Vaccine for those who needs a second dose

1. Pneumococcal vaccination:

- Vaccination schedule is 3 doses given at 2, 4 and 18 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.

2. Rotavirus:

- RV1 is used in governmental Healthcare facilities, however the private sector can use RV5 (Rotavirus Pentavalent Vaccine). RV5 schedule is 2 doses at 2 and

4 months only. 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.

3. **Haemophilus influenzae type b:**

- Children who are behind the vaccination schedule may need a smaller 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.

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.

5. **HPV**

- Schedule for grade 8 students depend on the age of the student when she received the first dose:
- Students aged below 15 years (13-14 years) should receive 2 doses only.

6. **MCV4**

- Introduce the meningococcal ACWY conjugate vaccine (Meningococcal ACWY Conjugate Vaccine) into the national immunization program for the following age groups as shown in the table below:
 - First dose: for children aged 10–11 years in Grade 5
 - Catch-up dose: for students aged 16–18 years in Grade 11

7. **Respiratory Syncytial Virus (RSV)**

- RSV is a common cause of respiratory infection in infants and young children and can lead to bronchiolitis or pneumonia.
- **Palivizumab, nirsevimab, and clesrovimab** are monoclonal antibodies directed against the RSV fusion protein. They are used to prevent serious lower respiratory tract disease caused by RSV in infants and young children at increased risk of severe RSV disease. These products are typically administered as:

- Single dose: Nirsevimab and Clesrovimab
 - Monthly doses: Palivizumab
- Administration should occur shortly before or during the RSV season. In the UAE, public health guidance indicates that RSV vaccination is typically given during the period of increased RSV circulation, **from September to April.**

Table #2

RSV Prophylaxis	Coverage criteria	Age Criteria
Palivizumab	<ul style="list-style-type: none"> • Coverage is based on medical necessity if the patient meets the eligibility criteria for RSV prophylaxis* • For patients NOT meeting the criteria <ul style="list-style-type: none"> o Cost of administration of RSV prophylaxis* will be considered preventive services / vaccinations / immunizations. o Must be subject to insurance plan exclusions. 	Palivizumab is not recommended for children older than 24 months at the start of dosing.
Nirsevimab	Coverage is based on vaccine Benefit	Nirsevimab is not recommended for use in children older than 24 months, as the safety and effectiveness of BEYFORTUS in this age group have not been established
Clesrovimab	Coverage is based on vaccine Benefit	Clesrovimabis not recommended for use in children above 2 years of age, as its safety and effectiveness have not been established in patients older than 12 months

Eligibility Criteria for Palivizumab for RSV prophylaxis¹

Table #3

Condition	Eligibility Criteria	Age at Start of RSV Season
Prematurity (without comorbidities)	Infants born before 29+0 weeks. Note: Premature >29 weeks may qualify if they meet CLD or CHD criteria below.	< 12 months
Chronic Lung Disease (CLD) of prematurity	Required O ₂ therapy up to 28 days after birth and <1 year at start of season without ongoing treatment	< 12 months
Chronic Lung Disease (CLD) of prematurity*	Meeting one of: [1] Continued home oxygen [2] Chronic systemic corticosteroids or diuretics within 6 months of RSV season	< 24 months
Congenital Heart Disease (CHD)	Hemodynamically significant CHD: [1] Uncorrected or corrected acyanotic heart disease requiring anti-failure meds [2] Acyanotic heart disease with moderate/severe pulmonary hypertension [3] Cyanotic heart defect if recommended by pediatric cardiologist	< 12 months
Inability to clear airway	Conditions: Anatomic pulmonary abnormalities, neuromuscular disorders, Down syndrome with ineffective cough	< 12 months
Profoundly immunocompromised	Infants profoundly immunocompromised during RSV season	< 24 months

Cystic Fibrosis	For infants (< 12 months) , CF with one of the following [1] Chronic lung disease (CLD) of prematurity [2] Nutritional compromise	< 12 months
	>12 months of age, with CLD and nutritional compromise with one of the following:[1] Hospital admission during the first year of life due to CLD exacerbations or abnormalities on chest radiography/CT[2] Weight for length less than the 10th percentile.	< 24 month

CLD definition: Birth <32 weeks + O₂ >21% for ≥28 days after birth.

Cardio-pulmonary bypass during RSV season → additional palivizumab dose post-procedure. Children <2 years undergoing cardiac transplantation during RSV season may be considered for prophylaxis

Exclusion Criteria:

- Infant receiving monthly palivizumab prophylaxis experiences a breakthrough RSV hospitalization, monthly prophylaxis should be discontinued because of the extremely low likelihood of a second RSV hospitalization in the same season (<0.5%)
- Palivizumab use is not recommended in controlling outbreaks of health care-associated disease.

Dosing and Administration Criteria:

- Dose: Palivizumab 15 mg/kg IM monthly during season (up to 5 doses).
- It can be given with routine immunizations.
- Contraindicated in hypersensitivity to active substance or humanized monoclonal antibodies.
- **Eligible clinicians:** Consultant/Specialist Pediatrician, Pediatric Infectious Diseases, Neonatologist, Cardiologist, Pulmonologist.
- Insurance coverage ends at 24 months of age; limited to 5 doses per season.

The **RSV vaccine** shall be administered to the following groups:

- a. Pregnant women between 32 and 36 weeks of gestation.
- b. Individuals 75 years of age and older.
- c. People aged 50 years and older with specific medical conditions.

Other Vaccines:

Herpes Zoster Recombinant Vaccine (ZRV) – Shingrix

Herpes Zoster (HZ), commonly known as shingles, is caused by the reactivation of the latent varicella zoster virus. This condition typically presents as a painful, vesicular rash with a unilateral dermatomal distribution, often accompanied by itching and discomfort. The rash usually scabs over within 7–10 days and resolves completely in 2–4 weeks.

Eligible Group:

- Adults **≥ 50 years** (immunocompetent).
- Adults **≥ 18 years** who are immunosuppressed or immunodeficient due to disease or treatment.

Shingrix is recommended for adults at increased risk of HZ because of immunodeficiency or immunosuppression caused by underlying disease or therapy.

Note: Immunodeficiency may be primary (congenital/genetic) or secondary (acquired).

Conditions associated with increased Herpes Zoster risk include:

- Congenital or genetic immunodeficiency.
- Acquired immunodeficiency due to:
 - HIV infection
 - Hematopoietic malignancies
 - Asplenia or sickle cell disease
 - Treatments such as chemotherapy, radiation therapy, post-organ transplant therapy, hematopoietic stem cell transplant (HSCT), splenectomy, or prolonged corticosteroid use.

Immunization Schedule

a) Adults \geq 50 years (Immunocompetent):

- Two doses (0.5 mL IM each):
 - 1st dose: Month 0
 - 2nd dose: 4 months after the first dose
- If the interval exceeds 4 months, administer the second dose as soon as possible.
- *Do not restart the series if delayed.*

b) Immunodeficient or Immunosuppressed Adults:

- Two doses (0.5 mL IM each):
 - 1st dose: Month 0
 - 2nd dose: 1–2 months (or up to 4 months) after the first dose
- A shortened interval (1–2 months) may be considered based on physician advice.

Contraindications:

- History of severe allergic reaction to any component of the vaccine or after a previous dose.
- Current shingles infection.
- Pregnancy or planning pregnancy.
- Breastfeeding.

Influenza Vaccine

Guidelines:

- Providers must adhere to the Schedule of Benefits (SOB).
- Eligibility Criteria.

The following categories are eligible to receive the influenza vaccine:

- Individuals requesting the vaccine for personal protection

- Adults aged 65 years and older
- School-aged children (5–18 years)
- Children under 5 years of age
- Close contacts of confirmed influenza cases
- Pregnant women
- Hajj and Umrah pilgrims
- Residents of long-term care facilities
- Healthcare workers, including:
 - Physicians, nurses, emergency medical personnel
 - Dental professionals and students
 - Medical and nursing students
 - Laboratory technicians, pharmacists
 - Hospital volunteers and administrative staff
- Individuals with immuno-compromising conditions or treatments, such as:
 - HIV
 - Chemotherapy or steroid therapy
 - Malignancy
- Individuals with the following chronic conditions:
 - Diabetes.
 - Cardiovascular disease.
 - Chronic lung disease (including asthma).
 - Metabolic disorders.
 - Asplenia (including elective splenectomy and complement deficiencies).
 - Chronic liver disease.
 - Kidney failure, end-stage renal disease, or undergoing hemodialysis.
 - Morbid obesity (BMI \geq 40).

- Neurologic and neurodevelopmental conditions.
- Individuals under 19 years on long-term aspirin or salicylate therapy.

Contraindications and Precautions

The influenza vaccine should not be administered to:

- Children under 6 months of age.
- Individuals with a severe allergic reaction (e.g., anaphylaxis) to any vaccine component or a previous dose
- Individuals who developed Guillain–Barré syndrome (GBS) within 6 weeks of a prior influenza vaccination.
- Individuals with moderate or severe acute illness, with or without fever.

InFluenza Vaccine information

Table #4

Category	Influenza Inactivated Trivalent (IIV3)	Influenza Inactivated High-Dose Trivalent (IIV3 HD)
Brand Name	Vaxigrip	Fluzone High-Dose Trivalent
Description	<p>Contains 15 mcg hemagglutinin (HA) per 0.5 ml dose of</p> <ul style="list-style-type: none"> • A/Victoria/4897/2022 (H1N1) pdm09 – like (A/Victoria/4897/2022, IVR-238) • A/Croatia/10136RV/2023 (H3N2)-like strain (A/Croatia/10136RV/2023, X-425A) • B/Austria/1359417/2021-like strain (B/Michigan/01/2021, wild type) 	<p>Contains 60 mcg hemagglutinin (HA) per 0.7 ml dose of:</p> <ul style="list-style-type: none"> • A/Victoria/4897/2022 (H1N1) pdm09 – like (A/Victoria/4897/2022, IVR-238) • A/Croatia/10136RV/2023 (H3N2)-like strain (A/Croatia/10136RV/2023, X-425A) • B/Austria/1359417/2021-like strain (B/Michigan/01/2021, wild type)
Indication	Individuals aged 6 months and above	Adults aged 65 years and above

Schedule	<ul style="list-style-type: none"> • 6 months to <9 years: <ul style="list-style-type: none"> - One single dose (0.5ml) if flu vaccine received previously. - Two doses given at least four weeks apart for children who are getting a flu vaccine for the first time. • ≥ 9 years <ul style="list-style-type: none"> - One dose (0.5ml). 	<ul style="list-style-type: none"> • 65 years of age and older: <ul style="list-style-type: none"> - One single dose (0.7ml) to be administered as a single intramuscular injection.
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If Influenza Inactivated High-Dose Trivalent (HD-IIV3) is unavailable at the healthcare facility, individuals aged 65 years and above shall be given the standard Influenza Inactivated Trivalent (IIV3) vaccine instead

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.

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.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>
- <https://mohap.gov.ae/en/w/ministerial-decree-no.-189-of-the-year-2025-regarding-the-amendment-of-the-national-preference-for-immunization>

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
29/10/2025	V2.2 Add of new criteria for Influenza Vaccine Tables update
22/01/2026	V2.3 Add of new criteria as per The National Immunization Program Tables update
11/02/2026	V2.4 References update

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