

Vaccination Administration

Adjudication Guideline

Rule Category: Billing

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1. Abstract

1.1 For Members

Billing Rules are the adjudication rules, which are in compliance with official CPT, ICD and regulatory coding guidelines. A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc.

It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular insurance plan administered by Daman.

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.

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Daman covers vaccination service(s) for below given health insurance plans only, as per policy terms and conditions:

Plan	Coverage
Thiqa	Covered 100% (Direct Billing)
Premier	Maximum AED 200 per vaccine (Reimbursement)
Other Daman customized plans	As per SOB

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.

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Infants, Children and Adolescents

Age Given	Vaccination Type
Birth	BCG
	Hepatitis-B
End of month 2	Hexavalent
	PCV13
	RV1
End of month 4	Hexavalent
	PCV13
	RV1
End of month 6	Hexavalent
	bOPV
	PCV13
End of month 12	MMR
	Varicella
End of month 18	DTaP-Hib-IPV
	bOPV
	MMR
Grade 1	DTaP-IPV
	bOPV
	MMR
	Varicella
Grade 8	HPV9
Grade 11	Tdap
	MCV4
	HPV4 (for females only)

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.

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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.
- Snake venom.

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, in order 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 in included in the allowance for another service.

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Appendices

5.1 References

- https://www.doh.gov.ae/-/media/B6CBBBAEAB6546FEB67607CF5F11EF03.ashx/1000
- https://www.who.int/teams/immunization-vaccines-and-biologicals/essentialprogramme-on-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

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