



BILLING & ELIGIBILITY SCREENING

Office of Immunization | Childhood Vaccine Program
March 27, 2025

Topics Covered



PATIENT ELIGIBILITY
SCREENING



BILLING
GUIDELINES



UPDATING BILLING
CONTACTS

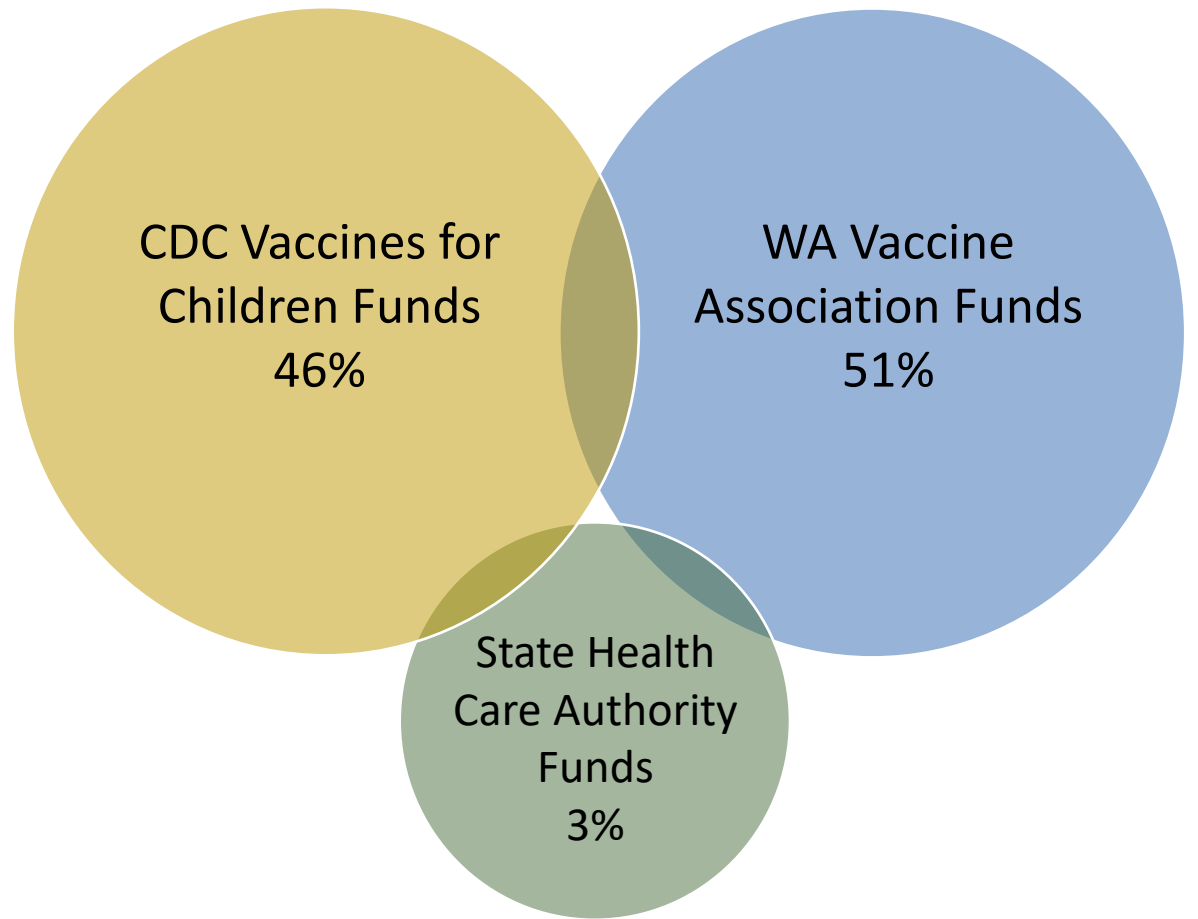
Training Objectives

Participants will:

1. Learn how patient eligibility status applies to billing guidelines
2. Learn about the Washington Vaccine Association (WVA)
3. Learn how to bill the WVA Dosage-Based Assessment (DBA)
4. Learn how to access materials and seek assistance from the WA DOH and the WVA

Eligibility & Vaccine Funding

- WA has a universal childhood vaccine program that is funded through a combination of federal, state, and commercial insurance dollars.
- All children under age 19 are eligible to receive vaccines supplied through the Childhood Vaccine Program.



Patient Eligibility Screening Requirements

- Sites enrolled in the Childhood Vaccine Program must screen and document patient eligibility status for every dose of publicly-supplied vaccine administered to patients under age 19.
- Accurately identifying the patient's eligibility status is the first step to ensuring that your site follows appropriate billing requirements for each patient.
 - Billing requirements differ depending on the patient's eligibility status.

What is Patient Eligibility Screening?

WASHINGTON STATE • OFFICE OF IMMUNIZATION
Adult and Childhood Vaccine Programs



Adult Vaccine Program: waadultvaccines@doh.wa.gov Childhood Vaccine Program: wachildhoodvaccines@doh.wa.gov | (360) 236-2829

Eligibility for Publicly Funded Vaccines: A Guide for Providers

Eligibility Status and Codes for Children Under 19

The Childhood Vaccine Program is a universal vaccine purchase program financed by a combination of federal and state dollars. All children less than 19 years of age are eligible to receive vaccines through the program. To ensure the appropriate source of funding is used for purchasing vaccines, providers are required to screen and document each patient's eligibility status at every immunization visit. This document provides guidance on choosing the correct patient eligibility status, the related Immunization Information System (IIS) coding, and general billing guidelines for children and adults receiving publicly supplied vaccine.

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
American Indian/Alaska Native Child <ul style="list-style-type: none"> Child is less than 19 years old As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603-13) 	Yes Federal (VFC) vaccine eligible	V04 VFC Eligible – American Indian/ Alaska Native	VXCS1 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> Follow guidelines below based on the patient's insurance status No DBA required for American Indian/Alaska Native children with private insurance
Medicaid Child <ul style="list-style-type: none"> Child is less than 19 years old Enrolled in Medicaid or Medicaid Managed Care known as Apple Health* Managed care plans provided by: Community Health Plan of WA, Coordinated Care, Molina Healthcare of WA, UnitedHealthcare Community Plan, Wellpoint WA** 	Yes Federal (VFC) vaccine eligible	V02 VFC Eligible – Medicaid/Medicaid Managed Care	VXCS1 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines (view current EPSDT billing guide) Reimbursement determined by HCA/MCO Contact HCA/MCO for billing questions
Uninsured Child <ul style="list-style-type: none"> Child is less than 19 years old Does not have health insurance Participates in a health sharing plan such as; OneShare, Liberty HealthShare, MediShare, Harmony, Samaritan, Zion, Unite Health Share Ministries, etc. 	Yes Federal (VFC) vaccine eligible	V03 VFC Eligible – Uninsured	VXCS1 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> Cannot bill for cost of vaccine May issue only a single bill within 90 days for administration (admin) fee up to \$23.44 per vaccine dose Cannot send unpaid admin fee to collections

Obtain patient demographic information (insurance, age, race)



Determine patient's eligibility status



Document eligibility status in patient record (EHR, billing/practice management system, IIS, paper)

Patient Eligibility Status

All children under 19 are eligible to receive vaccines supplied through the WA State Childhood Vaccine Program



Federal Vaccines for Children Eligible

- Under age 19
- Medicaid
- Uninsured
- Underinsured at FQHC/RHC only
- American Indian or Alaska Native

WA State Eligible

- Under age 19
- Private insurance
- CHIP/CHP Insurance

American Indian or Alaska Native Patients

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
American Indian/Alaska Native Child <ul style="list-style-type: none">• Child is less than 19 years old• As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603-13)	Yes Federal (VFC) vaccine eligible	V04 VFC Eligible – American Indian/ Alaska Native	VXC51 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none">• Follow guidelines below based on the patient’s insurance status• No DBA required for American Indian/Alaska Native children with private insurance

Uninsured & Underinsured Patients

Uninsured Child <ul style="list-style-type: none"> • Child is less than 19 years old • Does not have health insurance • Participates in a health sharing plan such as; OneShare, Liberty HealthShare, MediShare, Harmony, Samaritan, Zion, Unite Health Share Ministries, etc. 	Yes Federal (VFC) vaccine eligible	V03 VFC Eligible – Uninsured	VXC51 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> • Cannot bill for cost of vaccine • May issue only a single bill within 90 days for administration (admin) fee up to \$23.44 per vaccine dose • Cannot send unpaid admin fee to collections
Under-insured Child served at FQHC/RHC <ul style="list-style-type: none"> • Child is less than 19 years old • Has insurance but it does not cover vaccine & served at a Federally Qualified Health Center/Rural Health Center. • For non-FQHC/RHC sites, see Insured category. 	Yes Federal (VFC) vaccine eligible only through FQHC/RHC	V05 VFC Eligible – Underinsured at FQHC/RHC	VXC51 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> • Cannot bill for cost of vaccine • May issue only a single bill within 90 days for admin fee up to \$23.44 per vaccine dose • Cannot send unpaid admin fee to collections

Uninsured & Underinsured Billing Requirements

Providers cannot receive reimbursement for publicly-supplied vaccines

- For patients paying out of pocket for vaccine administration (uninsured, underinsured, deductibles, out-of-network), the vaccine administration fee cannot exceed \$23.44 per vaccine dose.
- May only issue a single bill within 90 days of service.
- Cannot send unpaid administration fees to collections.
- Cannot deny access to an established patient due to parent/guardian's inability to pay the vaccine administration fee.

Medicaid & CHIP

Medicaid Child <ul style="list-style-type: none"> Child is less than 19 years old Enrolled in Medicaid or Medicaid Managed Care known as Apple Health* Managed care plans provided by: Community Health Plan of WA, Coordinated Care, Molina Healthcare of WA, UnitedHealthcare Community Plan, Wellpoint WA** 	Yes Federal (VFC) vaccine eligible	V02 VFC Eligible – Medicaid/Medicaid Managed Care	VXC51 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines (view current EPSDT billing guide) Reimbursement determined by HCA/MCO Contact HCA/MCO for billing questions
CHIP Child <ul style="list-style-type: none"> Child is less than 19 years old Enrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHP). About 3% of children enrolled in an Apple Health program. May require billing staff to determine CHIP/CHP enrollment* 	Yes State (Non-VFC) vaccine eligible	V22 CVP Eligible – CHIP	VXC52 Publicly funded vaccine stock – Non-VFC	No	<ul style="list-style-type: none"> Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines Reimbursement determined by HCA/MCO Contact HCA/MCO for billing questions

Medicaid & CHIP Billing Guidelines

Bill according to the Washington State Health Care Authority guidelines for patients covered by Apple Health Plans (Medicaid and CHIP)


How do I bill for free vaccines for clients age 18 and younger?

For vaccines that are available at no cost from the Department of Health (DOH) through the [Childhood Vaccine Program](#) and the federal [Vaccines for Children \(VFC\) Program](#) for children age 18 and younger, HCA pays only for the administrative cost of the vaccine and not for the vaccines themselves. These vaccines are identified in the Comments column of the [Professional Administered Drug Fee Schedule](#) as free from DOH.

In a nonfacility setting

- Bill for the vaccine by reporting the procedure code for the vaccine given with modifier SL (e.g., CPT® 90707 SL). HCA pays an administrative fee for those vaccines that are free from DOH and are billed with modifier SL (e.g., CPT® 90707 SL). Additionally, bill the appropriate administration procedure code for the vaccine given (CPT® codes 90471-90474).
- For RSV (CPT® codes 90380 and 90381), bill administration CPT® code 96380 or 96381 and bill for the vaccine procedure code with modifier SL.
- For COVID-19 vaccines, bill administration CPT® code 90480 and bill for the vaccine procedure code with modifier SL.
- Administration CPT® codes 90460-90461 are not allowed with VFC vaccines. See [How do I bill for stand-alone vaccine counseling?](#) for vaccine counseling billing instructions.

Private/Commercial Insurance

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
Insured Child <ul style="list-style-type: none"> Child is less than 19 years old Has insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc. Has insurance that does not cover vaccine (i.e. underinsured) receiving care at a <u>non-FQHC/RHC</u>. 	Yes State (Non-VFC) vaccine eligible	V25 (previously V10) CVP Eligible – Private Insurance	VXC52 Publicly funded vaccine stock – Non- VFC	Yes	 <ul style="list-style-type: none"> Bill Dosage-Based Assessment per insurer and WVA guidance Contact WVA for billing instructions (http://www.wavaccine.org) Cannot send to collections for unpaid administration fee (including patients out of network & with high deductibles)

REVIEW QUESTION

The Importance of Clinic Billing Contacts



All enrolled clinics must have a billing contact listed in their provider agreement



This should be someone who can answer childhood vaccine billing questions and make changes to resolve issues



Notify DOH at WACHildhoodVaccines@doh.wa.gov any time the billing contact needs to be updated

Site Visit Billing Practices Questionnaire

Childhood Vaccine Program Billing Practices

The Childhood Vaccine Program uses federal and state funds to provide over \$173 million in vaccines to enrolled sites each year for children under 19. During compliance visits, sites are required to describe how they bill by each [patient eligibility status](#) (i.e. type of payer) for publicly supplied vaccines administered to children under 19.

Name and title of person completing form:

Date: Facility Name: PIN:

Main Billing Contact:

Name: Email: Phone:

Describe billing practices related to publicly supplied vaccines for patients under 19

Medicaid/Medicaid Managed Care/CHIP (State Insurance)

Include applicable codes, modifiers, and charges (e.g. how would you bill Medicaid for publicly supplied Tdap?)

Vaccine:

Vaccine administration:

Comments:

Uninsured/Underinsured/Alaska Native/American Indian (Self-Pay)

Do you bill patients for the vaccine?

Maximum vaccine admin fee charged to patients under 19:

Do you offer sliding scale or discounts? (please describe):

Private/Commercial Insurance (e.g. Regence, Aetna, Premier)

Include applicable codes, modifiers and charges

Describe how vaccine codes are billed & who receives payment:

Vaccine administration:

Comments:

Do billing staff have access to the results of eligibility screening to ensure proper billing?

☐ Yes

☐ No

How do you handle patients who are not able to pay the vaccine administration fee at the time of service?

☐ Administer vaccine(s) and waive fee (do not bill after the date of service)

☐ Administer vaccine(s) and bill for fee after the date of service

☐ Turn patient away

Are bills for unpaid vaccine administration fees sent to collections?

☐ Yes

☐ No

Tools and Resources

Washington State Department of Health

- [Patient Eligibility & Screening Overview](#)
- [WA DOH Eligibility Guide](#)
- NEW! [CVP Billing Guide](#)

Medicaid

- [Medicaid Billing Guide](#) (select EPSDT Guide & see Immunization section)
- [Medicaid ProviderOne Guide](#)

[Childhood Vaccine Program Training webpage](#)

The screenshot shows the Washington State Department of Health website. The header includes the logo, navigation links for 'About Us' and 'Contact Us', and a search bar. A main navigation bar contains links for 'You & Your Family', 'Community & Environment', 'Licenses, Permits, & Certificates', 'Data & Statistical Reports', 'Emergencies', and 'For Public Health & Health Care Providers'. The 'Data & Statistical Reports' link is highlighted. On the left, a sidebar menu lists various topics, with 'Childhood Vaccine Program' and 'Childhood Vaccine Program Training' highlighted. The main content area is titled 'Childhood Vaccine Program Training' and includes a description of the page's purpose, a section for 'Upcoming webinar opportunities' with details for a February 16, 2023 training, and a section for 'Recorded webinars' with links to previous training materials.

Washington State Department of HEALTH

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You & Your Family | Community & Environment | Licenses, Permits, & Certificates | Data & Statistical Reports | Emergencies | For Public Health & Health Care Providers

In this section

- Childhood Vaccine Program
- Childhood Vaccine Program Training
- Online Accountability Reporting
- Order Immunization Materials
- Patient Eligibility
- Provider Enrollment
- Publicly-Supplied Vaccines
- Storage and Handling
- Vaccine Ordering

Childhood Vaccine Program Training

This page includes Childhood Vaccine Program training announcements and opportunities. These trainings are for health care providers, local public health, and immunization staff.

Upcoming webinar opportunities

February 16, 2023 – CVP Training Series: Provider Agreement Renewal Process
Intended Audience: Providers and Vaccine Coordinators

- [Join the Training Session](#)
- Meeting ID: 847 6067 1379
- Passcode: 421452

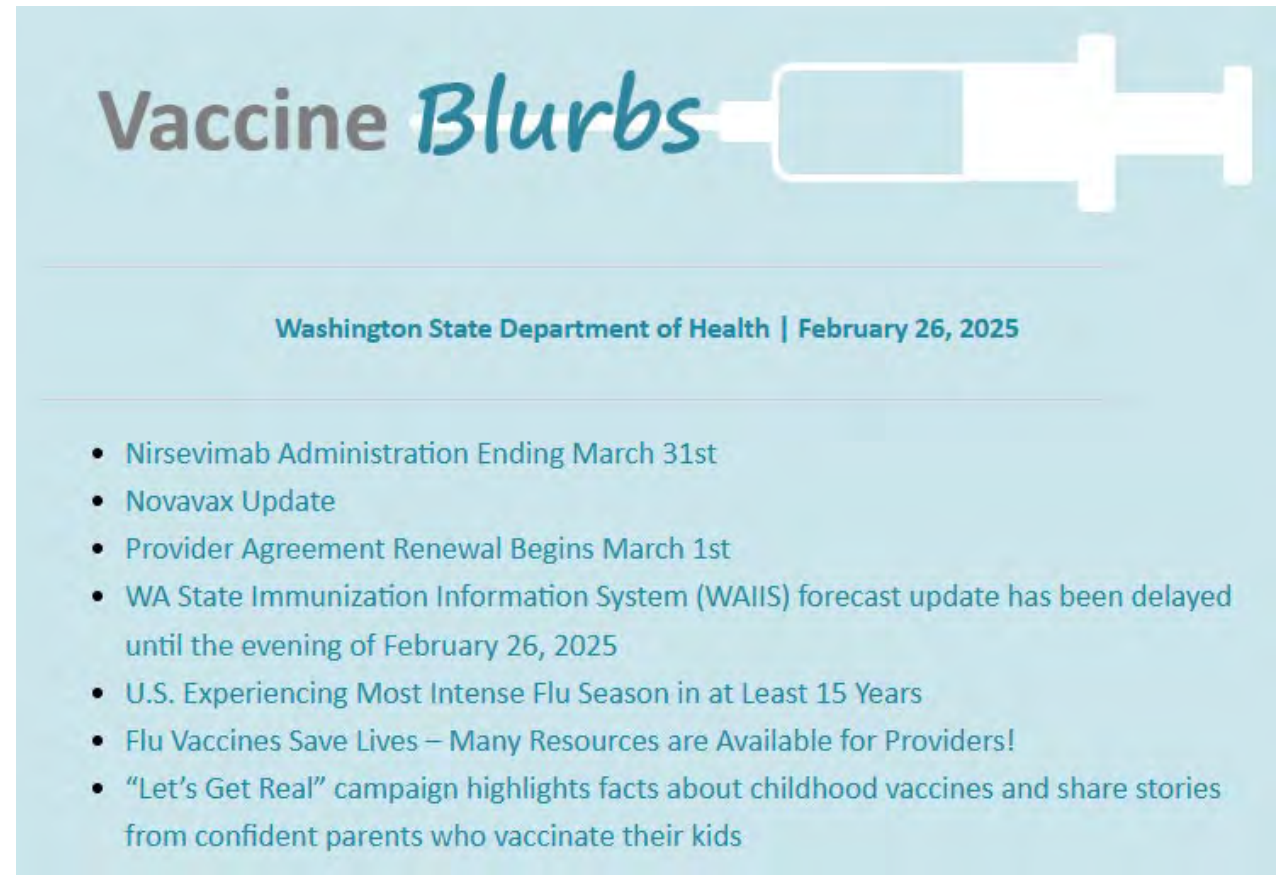
Recorded webinars

- January 19, 2023 – CVP Training Series: Review of Returns Process, Vaccine Loss Policy [Video](#) | [PDF](#)
- December 15, 2022 –CVP Training Series: Temperature Monitoring, Ordering & Receiving Vaccine, & Monthly Inventory Reports [Video](#) | [PDF](#)

Vaccine Blurbs E-Newsletter

Sign up for the Vaccine Blurbs

WACHildhoodVaccines@doh.wa.gov



Ensuring Funds for Childhood Vaccines



WVA's Dosage-Based Assessment Process

In Partnership With:





A Public/Private Partnership

The Washington Vaccine Association (WVA), a not-for-profit 501(c)(3), and the Washington State Department of Health (WA DOH) work together in a public/private partnership to support Washington's universal [Childhood Vaccine Program](#) (CVP).

The CVP supplies state-purchased vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) to enrolled providers for children under age 19. Health insurers and third-party administrators (TPAs) reimburse the WVA for vaccines administered to privately insured children. The WVA in turn transfers funds to the WA DOH for bulk vaccine purchases.

The WA DOH uses funding from the federal [Vaccine for Children Program](#) (VFC), state Medicaid, and WVA assessments to purchase vaccines at federal contract rates and distribute them to physicians, hospitals, and other providers at no cost to providers or patients through the CVP.



WVA makes it possible for:

- » All children to have access to recommended vaccines.
- » Payers to participate in an efficient, cost-effective system to facilitate childhood vaccinations at no cost to their members.
- » Medical providers to have a blended vaccine stock versus the need to segregate publicly and privately-funded vaccine stocks.
- » Medical providers to avoid the burdens associated with purchasing vaccines on their own.



How it Works



Providers support the WVA by:

- » Enrolling in the WA DOH CVP and using state-supplied vaccine material.
- » Accurately submitting the Dosage-Based Assessment (DBA) to payers alongside administrative claims. This critical step allows physicians, clinics, hospitals, other providers, and their patients to receive vaccines for all children at no cost.
- » Ensuring providers and payers do not bill patients for any portion of the vaccine material, regardless of how the payer processes the submitted DBA.



Universal Purchase System Basics



- » Providers play a key role in the program's viability via eligibility status reporting, billing, and documentation.
- » Providers do not pay for the vaccine material.
- » Patients do not pay for the vaccine material (see slide 27 for details).
- » Providers cannot receive payment for the vaccine material.
- » All provider types* – private practices, hospital-owned practices, FQHCs/RHCs, pharmacies, school districts, visiting nurse associations, tribal clinics, hospitals – must submit Dosage-Based Assessments (DBAs) when they use Childhood Vaccine Program (CVP) material for commercially insured patients under age 19.

**Additional types of providers (e.g., direct care practices (DCPs) and local health jurisdictions (LHJs) are not currently, universally required to submit DBAs but this is being reviewed.*



Dosage-Based Assessment Overview

- » The Dosage-Based Assessment (DBA) process is required if:
 - The patient is commercially insured and under age 19.
 - The vaccine is listed on the WVA [Vaccine Assessment Grid](#).
 - The provider obtained the vaccine material from the Washington Department of Health's [Childhood Vaccine Program](#) and not privately purchased by the provider.
- » Providers are required to correctly identify and document private/commercially insured patients to ensure the DBA is generated.
- » The WVA [Vaccine Assessment Grid](#) amount must be billed on the DBA for the vaccine material codes; providers need to ensure that this does not cause patient balances or build up of accounts receivable in provider's billing system.
- » The WVA can only exchange funds with payers, not providers or patients.
- » The WVA's Tax ID Number (TIN) 27-2251833 must be the "pay to" on the DBA and not the rendering provider's TIN; the provider does not get reimbursed for the vaccine material on a DBA.

No Patient Responsibility for DBAs

» Technically, the Dosage-Based Assessment (DBA) is not a health insurance claim; it is an assessment (fee) that is assessed from the commercial insurance carriers to generate funds to allow the WA DOH to purchase vaccines for provider offices.

» Irrespective of the patient's commercial insurance benefits, the patient has no cost-sharing responsibility for vaccines under the WVA DBA process.

» There are no co-pays, co-insurances, or deductibles applied to DBAs for the vaccine material on the WVA Vaccine Grid and the provider office should not collect any.

» Providers may collect office visit/administration fees according to the commercial insurance benefit and apply co-pays, co-insurances, or deductible posting to charges payable to them. If coverage is lacking and the patient is converted to under-insured status, CDC's administration fee caps apply.



Billing System Setup

» Your Electronic Health Record (EHR) and billing system play a critical role in the DBA process.

» The next few slides provide an overview of the billing process and include:

- An overview of the key documents that support the WVA billing process
- How to identify if a DBA is required while adhering to the WA DOH's eligibility reporting requirements
- The difference between an automatic split claim and a combination claim
- Sample CMS-1500 and 837 submission formats



Key Documents to Support WVA Billing

[WVA Billing Guide](#)





WASHINGTON VACCINE ASSOCIATION

Private Insurance Assessment Billing

**OUTPATIENT
PROVIDER GUIDE**



[WA DOH Eligibility Grid](#)

WASHINGTON STATE

CVP

Childhood Vaccine Program

Washington State Department of
HEALTH

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
Under-insured Child served at FQHC/RHC <ul style="list-style-type: none"> Child is less than 19 years old Has insurance but it does not cover vaccine Served at a Federally Qualified Health Center/Rural Health Center 	Yes	V05 VFC eligible – Underinsured at FQHC/RHC	VXC51 Publicly funded vaccine stock	No	<ul style="list-style-type: none"> Cannot bill for cost of vaccine May issue only a single bill within 90 days for admin fee up to \$23.44 per vaccine dose Cannot send unpaid admin fee
CHIP Child <ul style="list-style-type: none"> Child is less than 19 years old Enrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHP) Part of Apple Health* 	Yes	V22 State vaccine eligible – CHIP			
Insured Child <ul style="list-style-type: none"> Child is less than 19 years old Has insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc. Has insurance but does not cover vaccine and is receiving care at a non-FQHC/RHC 	Yes	V25 (previous V10) State vaccine eligible – Private Insurance			

WASHINGTON VACCINE ASSOCIATION

UPDATED May 7, 2024

PRINTABLE ASSESSMENT GRID TAB


Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2024.

Please note that this WVA Assessment Grid, effective July 1, 2024, replaces the grid last updated on July 2023. The grid was developed as a tool for providers, health insurance carriers, and third party administrators. This process and, therefore, no assessment is needed. The availability of specific vaccine brands are determined by the market. The grid is intended to be used in conjunction with the Washington State Department of Health's Vaccine Administration Manual (VAM) and the Washington State Department of Health's Vaccine Eligibility Manual (VEM).

The grid is organized into columns. The first column is the CPT Code. The second column is the NDC Code / Packaging. The third column is the CPT Code Description. The fourth column is the Assessment Amount per Dose. The fifth column is the Assessment Amount per Dose. The sixth column is the Assessment Amount per Dose. The seventh column is the Assessment Amount per Dose. The eighth column is the Assessment Amount per Dose. The ninth column is the Assessment Amount per Dose. The tenth column is the Assessment Amount per Dose. The eleventh column is the Assessment Amount per Dose. The twelfth column is the Assessment Amount per Dose. The thirteenth column is the Assessment Amount per Dose. The fourteenth column is the Assessment Amount per Dose. The fifteenth column is the Assessment Amount per Dose. The sixteenth column is the Assessment Amount per Dose. The seventeenth column is the Assessment Amount per Dose. The eighteenth column is the Assessment Amount per Dose. 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The two hundred and seventy-seventh column is the Assessment Amount per Dose. The two hundred and seventy-eighth column is the Assessment Amount per Dose. The two hundred and seventy-ninth column is the Assessment Amount per Dose. The two hundred and eightieth column is the Assessment Amount per Dose. The two hundred and eighty-first column is the Assessment Amount per Dose. The two hundred and eighty-second column is the Assessment Amount per Dose. The two hundred and eighty-third column is the Assessment Amount per Dose. The two hundred and eighty-fourth column is the Assessment Amount per Dose. The two hundred and eighty-fifth column is the Assessment Amount per Dose. The two hundred and eighty-sixth column is the Assessment Amount per Dose. The two hundred and eighty-seventh column is the Assessment Amount per Dose. The two hundred and eighty-eighth column is the Assessment Amount per Dose. The two hundred and eighty-ninth column is the Assessment Amount per Dose. 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[WVA Vaccine Assessment Grid](#)



WASHINGTON
VACCINE
ASSOCIATION

UPDATED May 7, 2024

2024-25 Vaccine Assessment Grid

PRINTABLE ASSESSMENT GRID TAB

Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2024.

For Dosage-Based Assessment (DBA) Billing Used for Commercially Insured Patients Under the Age of 19.

Please note that this WVA Assessment Grid, effective July 1, 2024, replaces the grid last updated on July 1, 2023. The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. The availability of specific vaccine brands are determined by the manufacturer and not all brands of flu vaccine are offered through the Childhood Vaccine Program (CVP). The DARK GRAY COLUMN with per dose amount in red is the assessment amount per dose as of July 1, 2024.

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount Per Dose from 07/01/2023 to 06/30/2024	For Reference: CDC Private Sector Cost Per Dose 04/01/2024	WVA Assessment Amount Per Dose from 07/01/2024 to 06/30/2025	Percent Change 07/01/2023 to 07/01/2024
Hepatitis A							
90633	58160-0825-52 (10 pack – 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$22.79	\$38.01	\$29.54	29.6%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$37.74		
Hepatitis B							
90744	00006-4981-00 (10 pack – 1 dose vial)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	\$13.79	\$27.12	\$18.19	31.9%
	00006-4093-02 (10 pack – 1 dose syringe)						
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®		\$28.42		
Rotavirus							
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$79.24	\$95.96	\$86.67	9.4%
	00006-4047-20 (25 pack – 1 oral dose)						
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$107.67	\$138.74	\$115.56	7.3%
	58160-0740-21 (10 pack – 1 oral dose)				\$138.74		

Is a DBA Required?

Only those vaccines listed on the WVA's [Vaccine Assessment Grid](#) require a DBA to be submitted for children under age 19 who are commercially insured.

YES!

- ✓ Child is less than 19 years old
- ✓ Child is commercially insured (V25)
- ✓ Vaccine is on the WVA's Vaccine Assessment Grid

NO

- ⊘ American Indian/Alaska Native Child (V04)*
- ⊘ Medicaid Child/Apple Health (V02)
- ⊘ Uninsured Child (V03)
- ⊘ Under-insured Child served at FQHC/RHC (V05)
- ⊘ CHIP Child (V22)

*If a member of a Tribal health plan is not a Tribal member and they have commercial insurance coverage, a DBA is required.

The DOH Eligibility Grid provides the information you will need to determine the correct eligibility status. It can be found [here](#).

WASHINGTON STATE CVP			
Childhood Vaccine Program			
Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description
Under-insured Child served at FQHC/RHC <ul style="list-style-type: none">• Child is less than 19 years old• Has insurance but it does not cover vaccine• Served at a Federally Qualified Health Center/Rural Health Center	Yes Federal (VFC) vaccine eligible only through FQHC/RHC	V05 VFC eligible – Underinsured at FQHC/RHC	VXC51 Publicly funded vaccine stock – VFC
CHIP Child <ul style="list-style-type: none">• Child is less than 19 years old• Enrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHP)• Part of Apple Health*	Yes State (Non-VFC) vaccine eligible	V22 State vaccine eligible – CHIP	VXC52 Publicly funded vaccine stock – Non-VFC
Insured Child <ul style="list-style-type: none">• Child is less than 19 years old• Has insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc.• Has insurance but does not cover vaccine and is receiving care at a non-FQHC/RHC	Yes State (Non-VFC) vaccine eligible	V25 (previously V10) State vaccine eligible – Private Insurance	VXC52 Publicly funded vaccine stock – Non-VFC

How to File

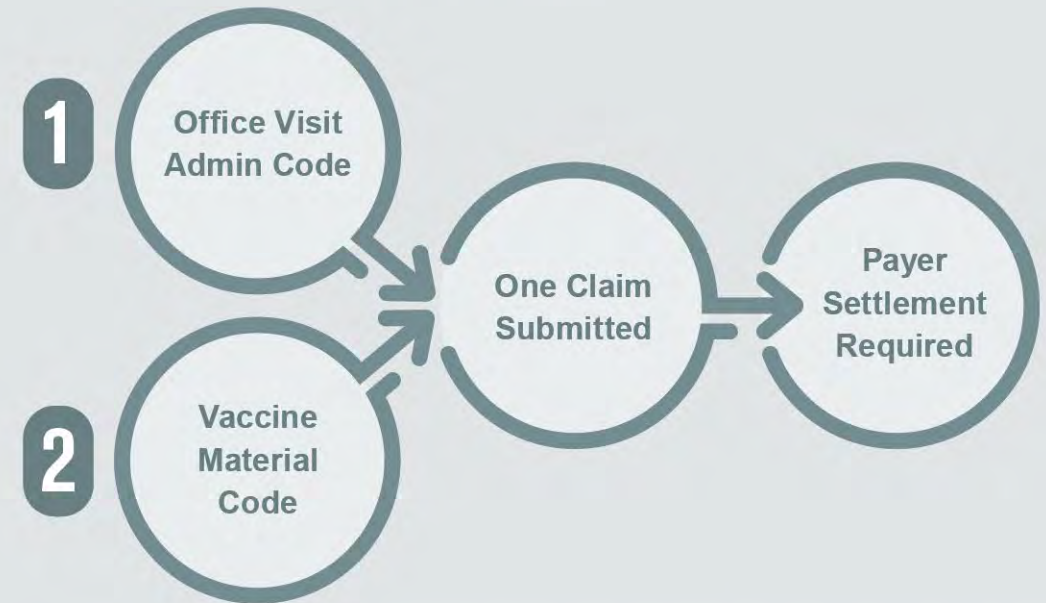
PREFERRED

AUTOMATIC SPLIT CLAIM



NOT RECOMMENDED

COMBINATION CLAIM



» Clinics should move to Automatic Split-Claim

Sample DBA Submissions

See [Provider Billing Guide](#) for detailed instructions.



SAMPLE ADMINISTRATION CLAIM TO SUBMIT WITH DOSAGE-BASED ASSESSMENT

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Payer & Address according to patient's card (never WVA). Only commercial payers and patients under 19. Out of state patient plans are o.k. - you may need to submit to local payer address.

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ PECA ☐ OTHER ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. RESERVED FOR NUCC USE

10. CLAIM CODES (Designated by NUCC)

11. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (IMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

22. SUBMISSION

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE

29. AMOUNT PAID

30. Resv for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Complete Administration Claim as would occur with a normal claim.

SAMPLE DOSAGE-BASED ASSESSMENT (DBA)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Payer & Address according to patient's card (never WVA). Only commercial payers and patients under 19. Out of state patient plans are o.k. - you may need to submit to local payer address.

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ PECA ☐ OTHER ☐

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. RESERVED FOR NUCC USE

10. CLAIM CODES (Designated by NUCC)

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

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14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (IMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

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23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

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28. TOTAL CHARGE

29. AMOUNT PAID

30. Resv for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Complete similarly to Administration Claim, but with some adaptations.

837 DBA Submissions Preferred

STEP 1

Complete the DBA electronically (837 Professional)

This includes:

1. Billing Provider Federal Tax ID Number
2. Billing Provider Information
3. Patient Account Number, Claim Notes and Provider Signature
4. Rendering Provider Name
5. Service Facility & Location NPI
6. Service Line and Date of Service
7. Procedures, Services and Supplies
8. Line Item Charge (\$) Amount
9. Vaccine Material Identification

STEP 2

Submit electronically to payer

Submit the DBA to the payer (health insurers and TPAs) via your electronic claims clearinghouse — NOT to WVA.

DBA 837 Professional Sample						
X12N 837, Version 5010A1 Claim - Field Description	Loop	Segment/ Element	Qualifier	Qualifier Description	Data for WVA DBA Process	CMS-1500 Box Crosswalk
Billing Provider						
Federal Tax ID Number (TIN)	2010AA	REF01	E1	For EIN		None
TIN	2010AA	REF02			27-2251833	Box 25
Billing Provider Information						
Billing Provider Entity Type	2010AA	NM101	85	Billing Provider		None
Billing Organizational Name	2010AA	NM102	2	Organization	Washington Vaccine Association	None
Identification Code Type	2010AA	NM103				Box 33
National Provider Identifier (NPI)	2010AA	NM108	XX	NPI		None
	2010AA	NM109			1699092718	Box 33a
Billing Provider Taxonomy	2000A	PRV01	BI	Billing		None
Identification Qualifier Code	2000A	PRV02	PXC	Taxonomy		None
Identification Code Type	2000A	PRV03			251K00000X	Box 33b
Billing Provider Address - Line 1	2010AA	N3			Leave Blank	None
Billing Provider Address - Line 2	2010AA	N302			1700 Seventh Ave	Box 33
Billing Provider City	2010AA	N301			Suite 1810	Box 33
Billing Provider State	2010AA	N401			Seattle	Box 33
Billing Provider ZIP Code	2010AA	N402			WA	Box 33
Billing Provider Contact	2010AA	N403			981011397	Box 33
Identification Code Type	2000A	PER01	IC	Information Contact		None
Identification Code Type	2000A	PER03	TE	Telephone Number		None
Billing Provider Telephone Number	2000A	PER04			Service Provider's Billing Office/ Contact Telephone Number	Box 33
Pay-To Provider Name						
Pay-To Provider Name	2010AB	NM101	87	Pay-To Provider	Washington Vaccine Association	None
Pay-To Entity Type	2010AB	NM102	2	Organization		None
Pay-To Address - Line 1	2010AB	N301			P.O. Box 94002	None
Pay-To City	2010AB	N302			Seattle	None
Pay-To State	2010AB	N401			WA	None
Pay-To ZIP Code	2010AB	N403			981249402	None
Patient Account Number						
Patient Account Number	2300	CLM01				Box 26
Total Charge	2300	CLM02			Total Charge Amount	Box 28
Provider Signature Indicator	2300	CLM05-1	11	Office		Box 24B
Note	2300	CLM06	Y	Yes		Box 31
Note Reference Code	2300	NTE		Indicates additional information for claim		None
Note Text	2300	NTE01	ADD			Box 19
	2300	NTE02			Enter any free text notes about the claim	Box 19
Rendering Provider Name						
Rendering Provider Name	2310B	NM1				None
Identification Code Type	2310B	NM101	82	Rendering Provider		None
Identification Code Type	2310B	NM102	1	Individual		None
Identification Code Type	2310B	NM108	XX	NPI		None
Identification Code Type	2310B	NM109			Rendering Provider's NPI #	Box 24J
Service Facility Location Information						
Service Facility Identifier	2310C	NM101	77	Service Location		None
Service Facility Type	2310C	NM102	FA	Facility	Use Office Address of Service Facility	None
Service Facility Name	2310C	NM103	2	Non-Person Entity		None
Service Line, Service Date(s)	2400	DTP01	472	Date of Service		Box 32
Service From - To Dates	2400	DTP02	RD8	Range of Dates of Service		None
Format as: CCYYMMDD-CCYYMMDD	2400	DTP03				Box 24A
Procedures, Services, Supplies						
Procedure/Service ID	2400	SV1				None
Procedure-CPT/HCPCS Code	2400	SV101-1	HC	Standard CPT Code		None
Line Item \$ Charge Amount	2400	SV101-2				Box 24D
Drug Identification	2410	CTP03				Box 24F
Product or Service Identification Code	2410	LIN				None
National Drug Code NDC #	2410	LIN02	N8	Must be N8 (No description given)		Box 24 Shaded area for service line
Drug Quantity	2410	LIN03			11-digit NDC #	Box 24 Shaded area for service line
Drug Unit Price	2410	CTP03			Unit price, based upon the unit of measure as defined by the NDC.	None
National Drug Unit Count/Quantity	2410	CTP04			Dispensing quantity, based upon the unit of measure as defined by the NDC.	Box 24 Shaded area for service line
Unit or Basis for Measurement Code	2410	CTP05-1			NDC unit or basis for measurement code (LIN, ML, F2 or GR)	Box 24 Shaded area for service line

IMPORTANT BILLING REMINDERS

*** Do NOT submit to WVA.**
Submit to Payer.

*** First time electronic filers:**

The first time you use the electronic DBA process, please notify your claim clearinghouse or electronic medical records vendor that you intend to submit electronically using the DBA process with WVA's name, Tax ID and NPI.

*** Important Numbers:**

WVA Tax Identification Number (TIN):
27-2251833

WVA National Provider Identifier (NPI):
1699092718

WVA Billing Taxonomy Number:
251K00000X

Questions? We are here to help!

You can find many answers by visiting our FAQs page (wavaccine.org/faqs), calling 1-888-928-2224, or emailing info@wavaccine.org.

Inpatient Hospital DBAs

» Hospitals receiving state supply vaccine for patients under 19 will be required to submit DBAs no later than July 1, 2024

» Hospital place of service codes include:

*Place of Service (POS) Codes

19	Off Campus-Outpatient Hospital	22	On Campus-Outpatient Hospital
20	Urgent Care Facility	23	Emergency Room – Hospital
21	Inpatient Hospital	25	Birthing Center

» A billing guide specific to hospitals can be found on the WVA website: [Inpatient Hospital Assessment Requirements | Washington Vaccine Association \(wavaccine.org\)](https://www.wavaccine.org/inpatient-hospital-assessment-requirements)

» Hospitals with questions should email compliance@wavaccine.org

➔ Inpatient Hospital Assessment Billing Guidance



Q&A

Q. What is this guidance intended to do?

A. This guidance was developed by a workgroup comprised of hospitals, payers, WA Department of Health (DOH) staff, and Washington Vaccine Association (WVA) staff. It is intended to assist hospitals, and the payers they work with, to ensure their respective billing and adjudication systems can support the Dosage-Based Assessment (DBA) process, which supports our state's universal purchase of pediatric vaccines.

Q. What is the Washington Vaccine Association (WVA)?

A. The WVA is a statutorily created 501(c)(3) non-profit, distinct from the WA DOH, established by the Washington Legislature to fund childhood vaccines for commercially insured children under the age of 19. The funding collected by the WVA through the DBA mechanism is leveraged with federal funding to ensure that the WA DOH's universal Childhood Vaccine Program (CVP) can purchase vaccines for all children, regardless of insurance status.

Q. What is the Dosage-Based Assessment?

A. The DBA is a medical claim-like submission (837 or CMS-1500 format) from providers to commercial insurance carriers and third-party administrators (Payers) that is paid to the WVA to provide vaccine funding, and required by the State DOH's Provider Enrollment Agreement.

Q. Which inpatient hospital facilities are required to submit a DBA to the Payers on behalf of the WVA?

A. All facilities receiving state supplied vaccine from the [WA DOH Childhood Vaccine Program \(CVP\)](#) are required to submit a DBA for privately insured pediatric patients.

Q. When must inpatient hospital facilities be compliant with DBA submission?

A. No later than July 1, 2024.



Q. Which vaccines require a DBA?

A. A DBA is required for all vaccines listed on the WVA [Vaccine Assessment Grid](#) given to a commercially insured patient under the age of 19.

Q. Are newborns required to be covered under the mother's insurance per the [Erin Act](#)?

A. Yes. The DBA is submitted the same as for other claims for newborn services.

Q. Are inpatient hospital facilities required to screen and document patient eligibility in the Immunization Information System (IIS) prior to submitting the DBA?

A. Yes. Refer to the WA DOH's [Eligibility for Publicly Funded Vaccines: A Guide for Providers](#) to learn how to properly screen patients and document the correct eligibility status prior to inpatient DBA submission.

Q. What place of service (POS) codes should be used when submitting the DBA?

A. The list of inpatient facility POS codes for the DBA include: 19 - Off Campus-Outpatient Hospital; 20 - Urgent Care Facility; 21 - Inpatient Hospital; 22 - On Campus-Outpatient Hospital; 23 - Emergency Room-Hospital; 25 - Birthing Center.

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Resources

» Washington Vaccine Association

- [News & Notices](#)
- [WVA Private Insurance Assessment Billing Provider Guide](#)
- [WVA Inpatient Hospital Billing Guide](#)
- [WVA Vaccine Assessment Grid](#)
- [WVA Health Insurers & TPAs Compliance Guide](#)

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WASHINGTON VACCINE ASSOCIATION

REVIEW QUESTIONS

Questions?

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