

Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Childhood Vaccine Program Training Series | Billing & Eligibility Q&A March 12, 2026

“If a payor is not following the Washington Vaccine Association (WVA) provider billing guide (e.g. TRICARE) what recourse do providers have? TRICARE is denying all claims billed without an SL modifier, and they are supposed to follow the program’s private/commercial insurance billing guidelines.”

Please reach out to info@wavaccine.org and the WVA will work with you and the specific TRICARE plan (e.g., PacMed, TRICARE West, TRICARE East) to resolve the issue. The WVA will need to know which one is denying claims and what type of claim is being denied (e.g. vaccine administration charges or the vaccine dosage based assessment (DBA) claim.

“For infant RSV, I see that we are to use the admin code as 96380 or 96381 with Dx code: Z29.11. However, most payers have been denying admin codes 96380 or 96381 due to the claim not including which drug/vaccine was administered.”

Insurers should not be denying payment of these administration codes. This may be a specific issue with certain private/commercial insurers that require a provider to submit an appeal and include the [WVA Private Insurance Billing Guide](#) information. If a provider has any questions or needs further assistance, please contact info@wavaccine.org.

“If a child receives a vaccine that a provider documents as Privately Insured, but the claim processes as out-of-network or towards deductible and we are not a FQHC or RHC, is the kid considered Uninsured?”

The patient would still be considered Privately Insured for their eligibility status, even if they receive vaccines from an out-of-network provider or the charges go toward their deductible. There should be no out-of-network denials if the provider practice is enrolled in the Childhood Vaccine Program (CVP). In this situation, a dosage-based assessment (DBA) for the vaccine should still be submitted to the insurer. The provider can bill the patient up to \$23.44 for the vaccine administration fee if their insurer does not cover the administration fee charge.

“When is the WVA Vaccine Assessment Grid updated?”

The WVA [Vaccine Assessment Grid](#) (Grid) is updated annually and is effective between July 1 and June 30. Notice of Grid changes are sent in May to all payers and all providers enrolled in the Childhood Vaccine Program (CVP). Grid changes *may* also occur during the year when new vaccines are added to the program mid-year and/or when the NDC and other codes are updated for seasonal vaccines (e.g. COVID and flu).

Who should I contact if I have additional billing or eligibility screening questions?

See the following page for contact information.

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Contacts for Additional Questions

Washington State Childhood Vaccine Program

General CVP Billing and Eligibility Questions

WACHildhoodVaccines@doh.wa.gov | (360) 236-2829

Washington State Health Care Authority (Medicaid)

General Medicaid Questions

ProfessionalRates@hca.wa.gov or HCAAppleHealthClinicalPolicy@hca.wa.gov

Medicaid Managed Care Questions

- [Apple Health managed care | Washington State Health Care Authority](#), for direct contact phone numbers per plan, or
- HCAMCPrograms@hca.wa.gov for assistance with MCO communication or general questions

Washington Vaccine Association

Private/Commercial Insurance Dosage-Based Assessment Questions

info@wavaccine.org | (888) 928-2224