



CVP TRAINING SERIES  
OFFICE OF IMMUNIZATION  
CHILDHOOD VACCINE PROGRAM  
MARCH 17, 2022

# Topics Covered



PATIENT ELIGIBILITY  
SCREENING



BILLING GUIDELINES

# Training Objectives

Participants will:

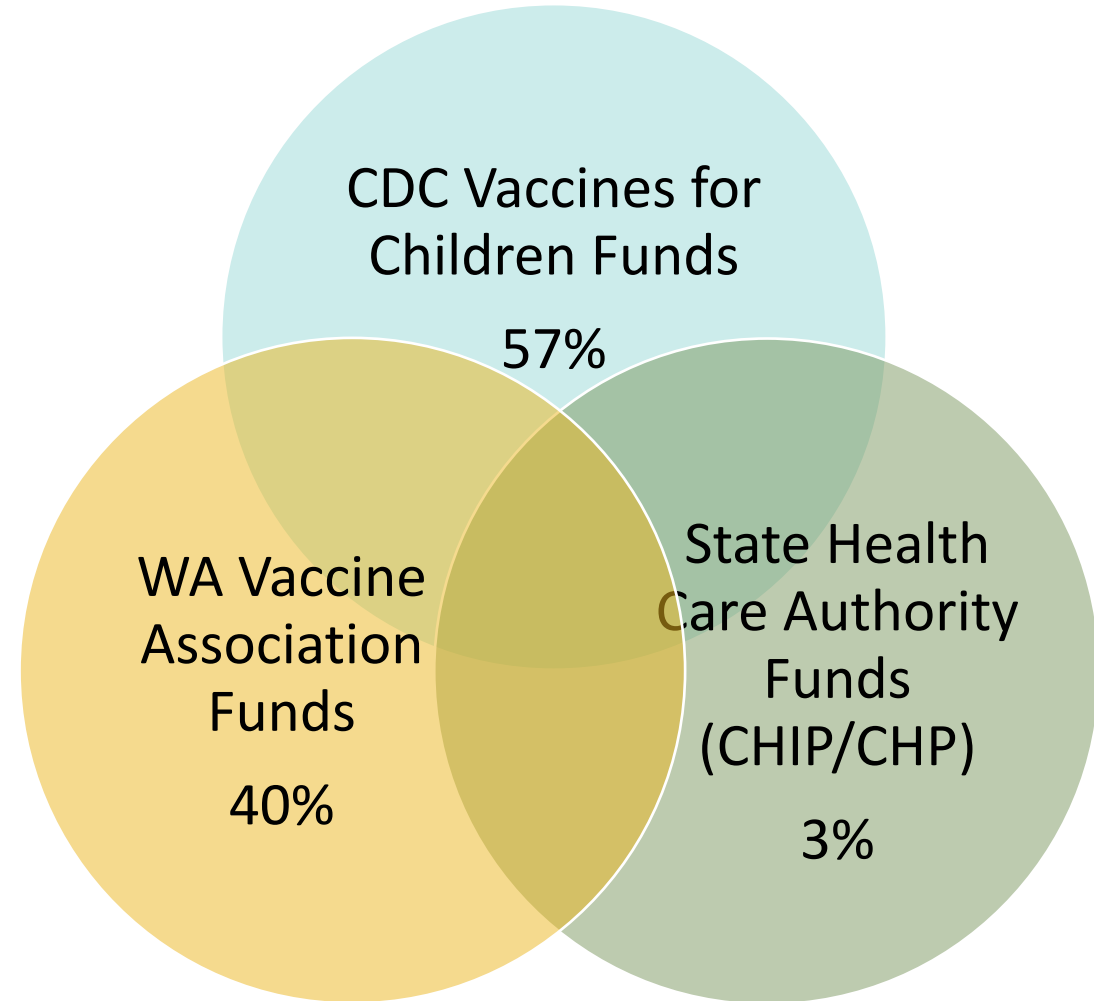
1. Learn how to accurately screen for patient eligibility using the WA DOH eligibility guide
2. Learn what the Washington Vaccine Association (WVA) does, how it works, and how it benefits your practice
3. Learn how to bill the WVA Dosage-Based Assessment (DBA)
4. Understand a set of billing and Electronic Health Record (EHR) “basics”
5. Learn how to access materials and seek assistance from the WA DOH and the WVA

# Patient Eligibility Screening



# Eligibility Screening & Vaccine Funding

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







# Patient Eligibility Screening Requirements

- Enrolled sites are required to screen and document patient eligibility status at every immunization visit prior to vaccine administration.
- Identifying and documenting the correct eligibility status & funding source helps ensure vaccines are billed correctly.
  - Funding Source = Who supplied the vaccine
    - **Publicly-supplied** = Supplied by the Childhood Vaccine Program
    - **Privately-purchased** = Clinic purchased the vaccine

# What is Patient Eligibility Screening?



WASHINGTON STATE    Office of Immunization and Child Profile  
 Childhood Vaccine Program (360) 236-2829 | doh.wa.gov/cvp  
 wachildhoodvaccines@doh.wa.gov 

**Eligibility for Publicly Funded Vaccines: A Guide for Providers**

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 vaccine 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.

**Eligibility Status and Codes for Children**

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	General Billing
<b>American Indian/Alaska Native Child</b> • Child is less than 19 years old • As defined by the <a href="#">Indian Health Care Improvement Act (25 U.S.C. 1603-11)</a>	Yes Federal (VFC) vaccine eligible	V04 VFC eligible – American Indian/Alaska Native	VXCS1 Publicly funded vaccine stock – VFC	• Follow guidelines based on the patient's insurance status
<b>Medicaid Child</b> • Child is less than 19 years old • Enrolled in Medicaid or Medicaid Managed Care known as Apple Health* * Managed care plans provided by: Amerigroup, Community Health Plan of WA, Coordinated Care of WA, Molina Healthcare, United Healthcare Community Plan**	Yes Federal (VFC) vaccine eligible	V02 VFC eligible – Medicaid/Medicaid Managed Care	VXCS1 Publicly funded vaccine stock – VFC	• Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines • Reimbursement determined by HCA/MCO • Contact HCA/MCO for billing instructions
<b>Uninsured Child</b> • Child is less than 19 years old • Does not have health insurance • Participates in a health sharing plan such as: OneShare, Liberty HealthShare, Medi-Share, Harmony, Samaritan, Zion, United Health Share Ministries, etc.	Yes Federal (VFC) vaccine eligible	V03 VFC eligible – Uninsured	VXCS1 Publicly funded vaccine stock – VFC	• Cannot bill for cost of vaccine • Can bill administration fee up to \$23.44 per vaccine dose • May issue only a single bill within 90 days • Cannot send to collections for unpaid administration fee



Obtain patient demographic information (insurance, age, race)



Identify patient's eligibility status



Document eligibility status in patient record (EHR, IIS, paper)

# Patient Eligibility Status



## Federal Vaccines for Children Eligible

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

WASHINGTON STATE **CVP**  
Childhood Vaccine Program

## WA State Eligible

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



# Eligibility Guide

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<b>Medicaid Child</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Enrolled in Medicaid or Medicaid Managed Care known as Apple Health*               <ul style="list-style-type: none"> <li>Managed care plans provided by; Amerigroup, Community Health Plan of WA, Coordinated Care of WA, Molina Healthcare, United Healthcare Community Plan**</li> </ul> </li> </ul>	<b>Yes</b> Federal (VFC) vaccine eligible	<b>V02</b> VFC eligible – Medicaid/Medicaid Managed Care	<b>VXC51</b> Publicly funded vaccine stock – VFC	<ul style="list-style-type: none"> <li>Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines</li> <li>Reimbursement determined by HCA/MCO</li> <li>Contact HCA/MCO for billing instructions</li> </ul>
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# Eligibility Guide

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	General Billing
<b>Under-insured Child served at FQHC/RHC</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Has insurance but it does not cover vaccine</li> <li>Served at a Federally Qualified Health Center/Rural Health Center (FQHC/RHC)</li> </ul>	<b>Yes</b> Federal (VFC) vaccine eligible only through FQHC/RHC	<b>V05</b> VFC eligible – Underinsured at FQHC/RHC	<b>VXC51</b> Publicly funded vaccine stock – VFC	<ul style="list-style-type: none"> <li>Cannot bill for cost of vaccine</li> <li>Can bill administration fee up to \$23.44 per vaccine dose</li> <li>May issue only a single bill within 90 days</li> <li>Cannot send to collections for unpaid administration fee</li> </ul>
<b>CHIP Child</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Enrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHP)</li> <li>Part of Apple Health*</li> </ul>	<b>Yes</b> State (Non-VFC) vaccine eligible	<b>V22</b> State vaccine eligible – CHIP	<b>VXC52</b> Publicly funded vaccine stock – Non- VFC	<ul style="list-style-type: none"> <li>Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines</li> <li>Reimbursement determined by HCA/MCO</li> <li>Contact HCA/MCO for billing instructions</li> </ul>
<b>Insured Child</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Has insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc.</li> <li>Has insurance but does not cover vaccine and is receiving care at a <u>non</u>-FQHC/RHC</li> </ul>	<b>Yes</b> State (Non-VFC) vaccine eligible	<b>V25</b> (previously V10) State vaccine eligible – Private Insurance	<b>VXC52</b> Publicly funded vaccine stock – Non- VFC	<ul style="list-style-type: none"> <li>Bill according to health insurance plan and Washington Vaccine Association (WVA) billing guidance</li> <li>Contact WVA for billing instructions</li> <li>Cannot send to collections for unpaid administration fee (this includes patients out of network and with high deductibles)</li> </ul>

# Public & Private Vaccine Stock

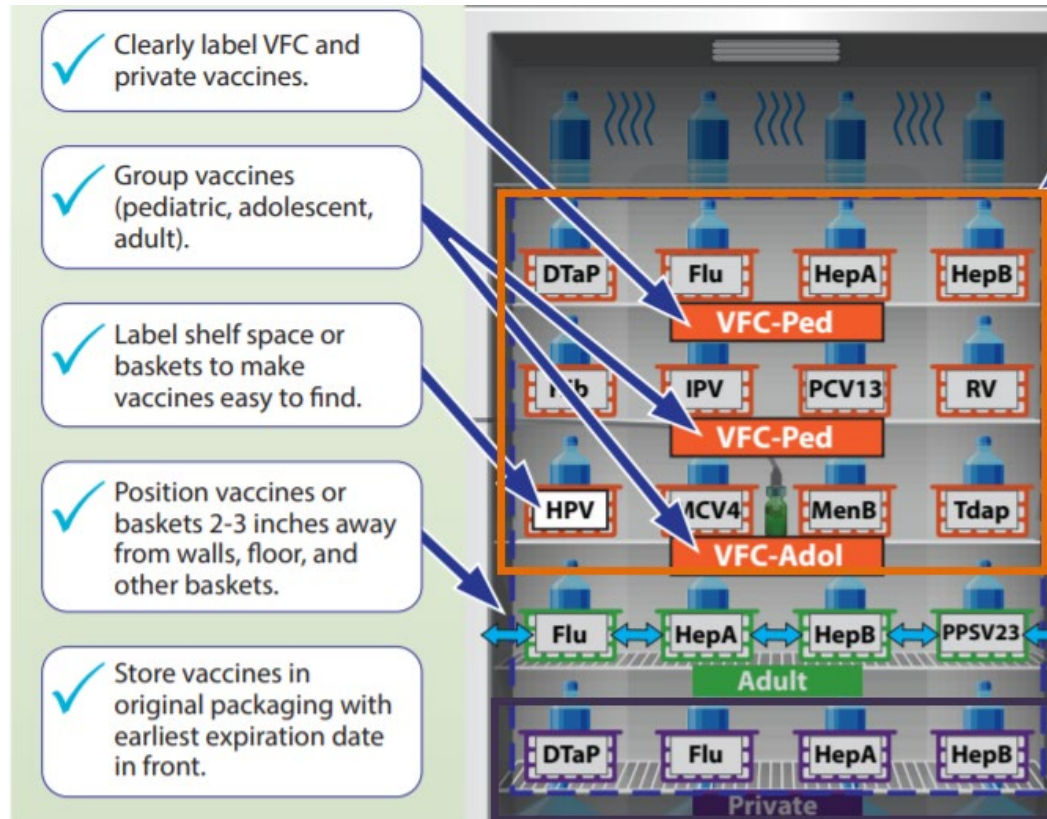
Separate & clearly label public and private vaccine stock

## Public Childhood Vaccine

- Only for < 19 years

## Private Purchase Vaccine

- Typically for adults 19+
- If your clinic purchases any private vaccine for children, please ensure it is clearly marked as private supply
- Let parents know they will be billed differently when they receive privately-purchased childhood vaccine



# Billing



# What We Do

## *Ensuring Funds for Childhood Vaccines*

### **PUBLIC/PRIVATE PARTNERSHIP**

The Washington Vaccine Association (WVA) and the Washington State Department of Health (DOH) work together in a public / private partnership to support Washington's universal Childhood Vaccine Program (CVP). The Program provides publicly purchased vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) for all children less than 19 years of age. Health plans and other payers reimburse the WVA for vaccines.

The WVA collects these payments and remits the funds to the DOH. The DOH uses funding from both the federal Vaccine for Children Program (VFC) and the WVA assessment funds to purchase vaccines at federal contract rates and distributes vaccines 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 easy access to critical vaccines;
- Physicians, clinics, and hospitals to receive State-supplied vaccines at no charge;
- Payers to participate in an efficient, cost-effective system to facilitate childhood vaccinations at no cost to their members; and
- Medical providers to have a blended vaccine stock versus the need to segregate publicly and privately-funded vaccine stocks.

### **THE SYSTEM WORKS BY:**

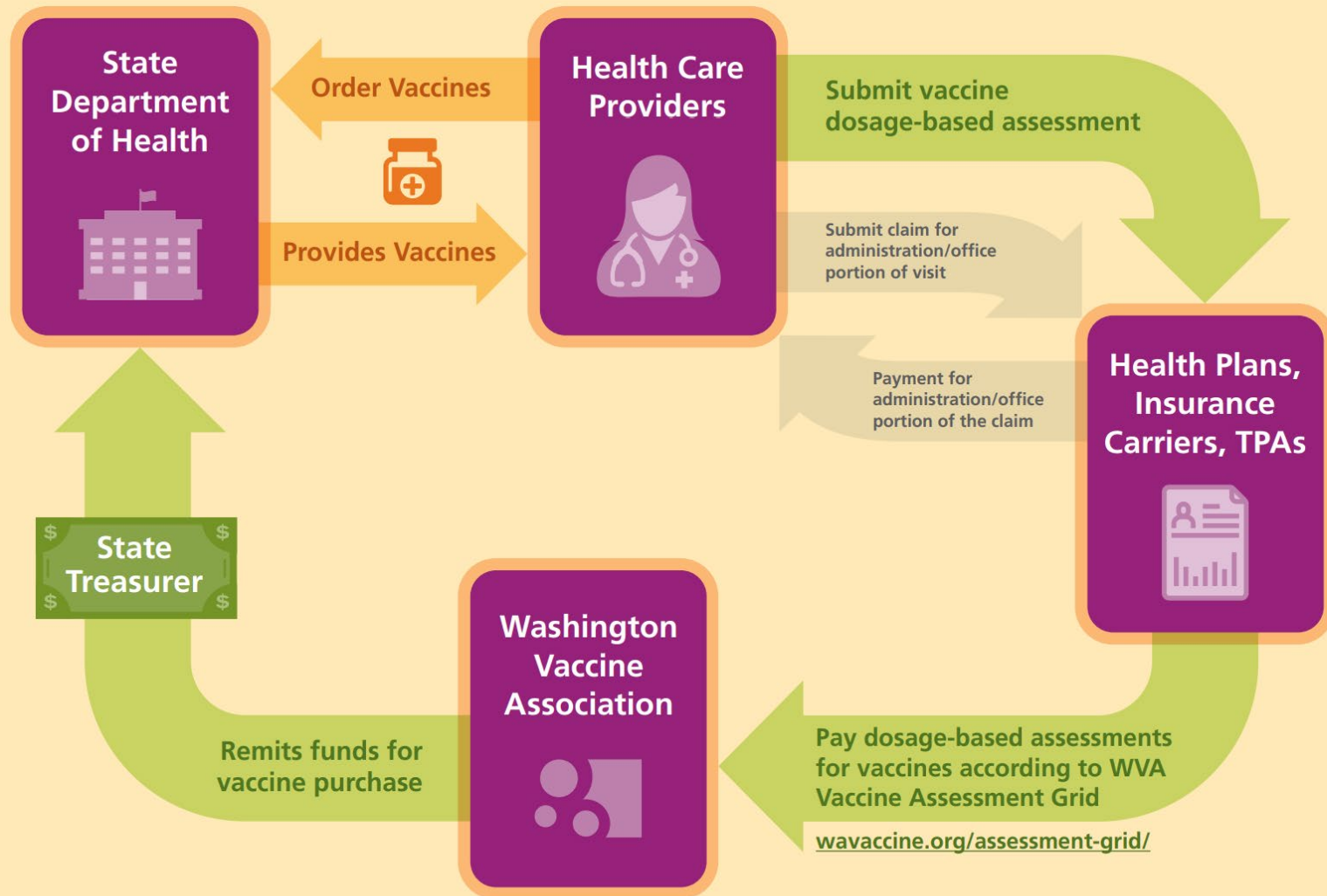
- Having providers enroll in the Childhood Vaccine Program and using State-supplied vaccine material;
- Having providers submit the Dosage-Based Assessment (DBA) to payers with their administrative claims submission. This critical step allows physicians, clinics, hospitals, other providers and their patients to receive vaccines for all children at no cost; and
- By ensuring that providers and payers do not bill patients, regardless of how the payer processes the submitted dosage-based assessment.

# HOW FUNDING WORKS



\*There is no charge to patients. \*\*According to the [wavaccine.org/assessment-grid](http://wavaccine.org/assessment-grid).

# HOW FUNDING WORKS\*



\*There is no charge to patients.

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# Key Documents to Support DBA Billing

## WVA Billing Guide



**Private Insurance  
Assessment Billing**  
PROVIDER & PAYER GUIDE



## WA DOH Eligibility Grid

WASHINGTON STATE **CVP** Office of Immunization and Child Profile  
 Childhood Vaccine Program (360) 236-2829 | doh.wa.gov/cvp  
 wachildhoodvaccines@doh.wa.gov

### Eligibility for Publicly Funded Vaccines: A Guide for Providers

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 DOH 348-577 September 2020.

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## WVA Vaccine Grid



2021-22 Vaccine Assessment Grid

Washington Vaccine Association 2021-22 Vaccine Assessment Grid  
 EFFECTIVE FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2021.

Please note that this WVA Assessment Grid, effective July 1, 2021, replaces the grid last updated on July 1, 2020. 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 pink column is the assessment amount per dose as of July 1, 2021.

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/21	WVA Assessment Amount per dose as of 7/1/2021	Percent Change 7/1/2020 to 7/1/2021
90620	58160-0976-20 (10 pack – 1 dose syringe)	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-AC), 2 dose schedule, for intramuscular use	Boxsero®	\$120.84	\$191.75	\$120.84	0.0%
90621	00005-0100-10 (10 pack – 1 dose syringe)	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Trumenba®	\$115.17	\$157.35	\$115.17	0.0%
90633	58160-0825-52 (10 pack – 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$20.72	\$34.85	\$20.72	0.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$34.60		
90647	00006-4897-00 (10 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	PedvaxHIB®	\$13.54	\$27.25	\$13.54	0.0%
90648	49281-0545-03 (5 pack – 1 dose vial)	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	ActHIB®	\$9.46	\$17.63	\$9.46	0.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$11.57		
90651	00006-4121-02 (10 pack – 1 dose syringe)	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	Gardasil®9	\$189.08	\$239.29	\$189.08	0.0%
90670	00005-1971-02 (10 pack – 1 dose syringe)	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Prevnar 13 TM	\$144.84	\$211.86	\$144.84	0.0%
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$87.88	\$72.04	0.0%
	00006-4047-20 (25 pack – 1 dose tube)						
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$127.03	\$97.88	0.0%

Note: All of these and more (e.g., FAQs) can be found at [www.wavaccine.org](http://www.wavaccine.org).



# Is a DBA Required?

Not all vaccines administered require a DBA be submitted. It is required for commercially insured children under 19.

The *DOH Eligibility Grid* provides the information you will need to determine the correct eligibility status.



**YES**

- Commercially Insured Child (V25)

**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)

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DOH 348-577 September 2020.

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# Dosage-Based Assessment (DBA) Basics

- The DBA process is required if:
  - The patient is commercially insured and under age 19
  - The vaccine is listed on the WVA Vaccine Grid. *[NOTE: There are NO COVID vaccines on the current WVA Vaccine Grid to be billed using the DBA process; if this changes, you will be notified.]*
  - The vaccine material was provided to clinic by the WA DOH CVP (not privately purchased by the provider)
- May require clinics to correctly identify & document private/commercially insured patients to ensure the DBA is generated.
- The WVA Vaccine Grid amount must be billed on the DBA for the vaccine material codes; need to ensure that this does not cause patient balances or build up Accounts Receivable in clinic's billing system.
- Practices are reimbursed for the admin and office visit codes, but NOT the vaccine material codes
- 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

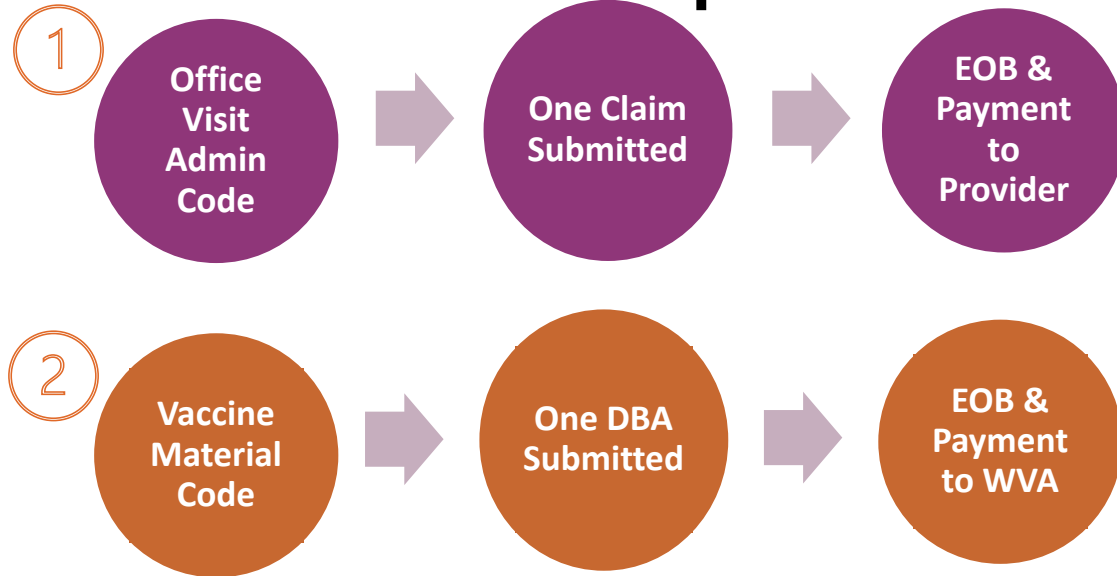
Note: Always reach out to the WVA with questions.

# 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 of 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; it is ok for them to collect the office visit/administration fee if the commercial insurance benefit allows

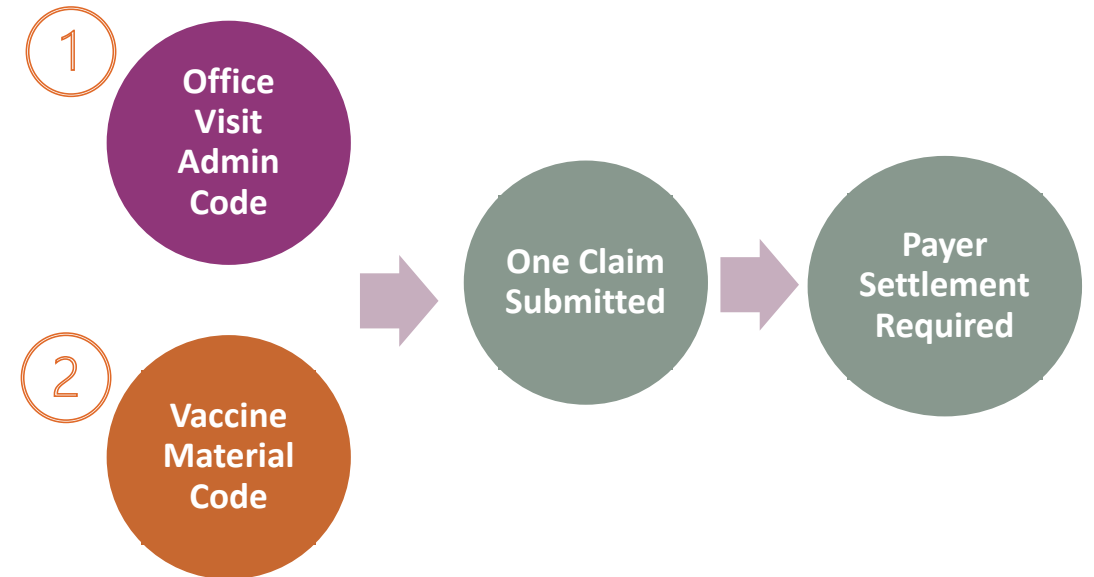
# Two Different Billing Practices

## Automatic Split-Claim



- Desired Filing Method

## Combination Claim



- Avoid if Possible
- Clinics should Move to Automatic Split-Claim

# 837 DBA Submissions Preferred

## Dosage-Based Assessment (837 Professional)

	B	C	D	E	F	G	H	
	X12N 837, Version 5010A1	Claim - Field Description	Loop	Segment/Element	Qualifier	Qualifier Description	Data for WVA DBA Process	CMS-1500 Box Crosswalk
1	Billing Provider							
	Federal Tax ID Number (TIN)	2010AA	REF01	E1	For EIN			None
	TIN	2010AA	REF02			27-2251833		Box 25
2	Billing Provider Information	2010AA	NM101	85	Billing Provider			None
	Billing Provider Entity Type	2010AA	NM102	2	Organization			None
	Billing Organizational Name	2010AA	NM103			Washington Vaccine Association		Box 33
	Identification Code Type	2010AA	NM108	XX	NPI			None
	National Provider Identifier (NPI)	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	2010AA	N3			Leave Blank		None
	Billing Provider Address - Line 1	2010AA	N301			1700 Seventh Ave		Box 33
	Billing Provider Address - Line 2	2010AA	N302			Suite 1810		Box 33
	Billing Provider City	2010AA	N401			Seattle		Box 33
Billing Provider State	2010AA	N402			WA		Box 33	
Billing Provider ZIP Code	2010AA	N403			981011397		Box 33	
Billing Provider Contact	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	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			PO Box 94002		None	
Pay-To City	2010AB	N401			Seattle		None	
Pay-To State	2010AB	N402			WA		None	
Pay-To ZIP Code	2010AB	N403			981249402		None	
3	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
4	Note Text	2300	NTE01	ADD		Enter any free text notes about the claim		Box 19
	Rendering Provider Name	2310B	NM1					None
	Identification Code Type	2310B	NM101	82	Rendering Provider			None
5	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	2310C						None
6	Service Facility Identifier	2310C	NM101	77	Service Location			None
	Service Facility Type	2310C	NM102	2	Non-Person Entity	Use Office Address of Service Facility		None
	Service Facility Name	2310C	NM103					Box 32
7	Service Line, Service Date(s)	2400	DTP01	472	Date of Service			None
	Service From - To Dates	2400	DTP02	RDB	Range of Dates of Service			None
	Format es: CCYYMMDD-CCYYMMDD	2400	DTP03					Box 24A
8	Procedures, Services, Supplies	2400	SV1					None
	Product/Service ID	2400	SV101-1	HC	Standard CPT Code			None
	Procedure-CPT/HCPCS Code	2400	SV101-2					Box 24D
9	Line Item \$ Charge Amount	2400	SV102					Box 24F
	Drug Identification	2410	LIN					None
	Product or Service Identification Code	2410	LIN02	N4	Must be N4 (No description given)			Box 24 Shaded area for service line
9	National Drug Code NDC #	2410	LIN03			11-digit NDC #		Box 24 Shaded area for service line
	Drug Quantity	2410	CTP					None
	Drug Unit Price	2410	CTP03			Unit price, based upon the unit of measure as defined by the NDC.		Box 24 Shaded area for service line
9	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 (UN, ML, PZ, or GR)		Box 24 Shaded area for service line

## 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 plan, insurance company, or third-party administrator) via your electronic claims clearinghouse – NOT to WVA.

## 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

# Sample DBA Submissions

**SAMPLE ADMINISTRATION CLAIM TO SUBMIT WITH DOSAGE-BASED ASSESSMENT**

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.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (BLIND) OTHER  
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
3. PATIENT'S BIRTH DATE MM DD YY SEX M F  
4. INSURED'S I.D. NUMBER (For Program in Item 1)  
5. PATIENT'S ADDRESS (No., Street)  
6. PATIENT RELATIONSHIP TO INSURED  
7. INSURED'S ADDRESS (No., Street)  
8. RESERVED FOR NUCC USE  
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
10. OTHER INSURED'S POLICY OR GROUP NUMBER  
11. INSURED'S POLICY OR GROUP NUMBER  
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)  
15. OTHER DATE QUAL. MM DD YY  
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? \$ CHARGES  
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))  
22. RESUBMISSION CODE ORIGINAL REF. NO.  
23. PRIOR AUTHORIZATION NUMBER  
24. A. DATES OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS POINTER E. RENDERING PROVIDER ID #  
25. FEDERAL TAX I.D. NUMBER SSN EIN  
26. PATIENT'S ACCOUNT NO.  
27. ACCEPT ASSIGNMENT? YES NO  
28. TOTAL CHARGE \$  
29. AMOUNT PAID \$  
30. Place for NUCC Use  
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS  
32. SERVICE FACILITY LOCATION INFORMATION  
33. BILLING PROVIDER INFO # PH #

**Complete Administration Claim as would occur with a normal claim.**

**Administration**

**NPI**

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

**SAMPLE DOSAGE-BASED ASSESSMENT (DBA)**

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.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (BLIND) OTHER  
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
3. PATIENT'S BIRTH DATE MM DD YY SEX M F  
4. INSURED'S I.D. NUMBER (For Program in Item 1)  
5. PATIENT'S ADDRESS (No., Street)  
6. PATIENT RELATIONSHIP TO INSURED  
7. INSURED'S ADDRESS (No., Street)  
8. RESERVED FOR NUCC USE  
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
10. OTHER INSURED'S POLICY OR GROUP NUMBER  
11. INSURED'S POLICY OR GROUP NUMBER  
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
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23. PRIOR AUTHORIZATION NUMBER  
24. A. DATES OF SERVICE B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES D. DIAGNOSIS POINTER E. RENDERING PROVIDER ID #  
25. FEDERAL TAX I.D. NUMBER SSN EIN  
26. PATIENT'S ACCOUNT NO.  
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28. TOTAL CHARGE \$  
29. AMOUNT PAID \$  
30. Place for NUCC Use  
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS  
32. SERVICE FACILITY LOCATION INFORMATION  
33. BILLING PROVIDER INFO # PH #

**Complete similarly to Administration Claim, but with some adaptations.**

**19**  
A good place for processing notes to payer if needed.

**21**

**25**  
27-2251833

**24d** See grid **24f** See grid

**24j** Service provider NPI

**33**  
Phone number is always Provider's billing office. Washington Vaccine Association PO Box 94002 Seattle, WA 98124-9402

**32a** Enter provider NPI  
**33a** \*1699092718  
**33b** \*Z51K00000X

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Note: Presentation will include "live" demonstration of forms.

# Federal Billing Guidelines

## 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.

# WA State Medicaid/CHIP Billing

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

## Health Care Authority EPSDT Billing Guide (pg 45-46)

### **What vaccines are free from the Department of Health (DOH) for clients age 18 and younger?**

No-cost immunizations from DOH are available for clients age 18 and younger. See the [Professional Administered Drug Fee Schedule](#) for a list of immunizations that are free from DOH. Therefore, HCA pays only for administering the vaccine.

- In a nonfacility setting:
  - Bill for the vaccine by reporting the procedure code for the vaccine given with modifier SL (e.g. 90707 SL). HCA pays for the administrative cost for those vaccines that are free from DOH and are billed with modifier SL (e.g., 90707 SL).
  - DO NOT bill procedure codes 90460-90461 or 90471-90472 for the administration.



# The Importance of Clinic Billing Contacts

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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



Important to update the billing contact listed in the provider agreement when contacts change.



Update during annual provider agreement renewal and any other time by emailing [WAChildhoodVaccines@doh.wa.gov](mailto:WAChildhoodVaccines@doh.wa.gov) a request to return your agreement.

## Tools and Resources

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- [WVA Website](#)
- [WA DOH Childhood Vaccination Website](#)
- [Patient Eligibility & Screening Overview](#)
- [Eligibility for Publicly Funded Vaccines: A Guide for Providers](#)
- [WVA Billing Guide](#)
- [WVA Provider Billing Checklist](#)
- [WVA Assessment Grid](#)
- [Medicaid EPSDT Billing Guide](#) (pgs 45-46)

# CVP Training Series Future Topics

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## **Upcoming Topics**

April 21, 2022 – Ordering Basics

**Suggestions? Please send to [WAChildhoodVaccines@doh.wa.gov](mailto:WAChildhoodVaccines@doh.wa.gov)**

# Questions?

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## **Childhood Vaccine Program Contact Information**

[WAChildhoodVaccines@doh.wa.gov](mailto:WAChildhoodVaccines@doh.wa.gov)

Phone: (360)236-2829

Fax: (360)236-3811

## **Washington Vaccine Association Contact Information**

[info@wavaccine.org](mailto:info@wavaccine.org)

[www.wavaccine.org](http://www.wavaccine.org)

Phone: 888-928-2224

Fax: 888-928-2242



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov). TTY users dial 711.