## WVA WASHINGTON VACCINE ASSOCIATION

# **Quick Guide**

**Dosage Based Assessments** for Washington's Universal Vaccine Program

**Ensuring Universal Purchase of Childhood Vaccines** in Washington

The Washington Vaccine Association (WVA) and the Washington State Department of Health work together in a public/private partnership to support Washington's universal Childhood Vaccine Program. The state uses a combination of federal and state funds to make vaccines available at no cost to all children in Washington.

Removing cost as a barrier assures that all Washington children have ready access to life-saving vaccines.

Providers make this possible by including the Dosage Based Assessment (DBA) process with their claims submission. This critical step allows physicians, clinics, hospitals, and other providers to receive vaccine for all children at no cost.

It's important that provider office billing staff understand how to complete the DBA process. For your convenience, we created this Quick Guide.

## **Completing the DBA Process**

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## **OPTION 1: BY MAIL**

You will be filling out the Health Insurance Claim Form twice: once as the Administration Claim Form and once as the HCFA1500/DBA Form.

#### STEP1

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#### Fill out the HCFA 1500 as the Administration Claim Form

Fill out HCFA 1500 Form for the administration of the vaccine, office visit, and other charges. This claim should include only the administration codes, office call or other charges.

#### Do not include vaccine codes and modifiers.

**STEP 1: Administration Claim Form** 

#### STEP2

#### Fill out HCFA 1500 as the DBA Form

#### The DBA Form must include:

Box 21 Enter "Z 23" (this is the only diagnosis required) Box 24d Enter CPT code for the state-supplied vaccine given (Do not include modifiers) Box 24f Enter WVA charge based on the current grid, found online at: *wavaccine.org/wavaccine.nsf/pages/ AssessmentGrid.html* Box 24j Enter WVA NPI (1699092718) Box 25 Enter WVA TIN (27-2251833) Boxes 31&32 Complete both areas with the same information that is on the administration claim Box 32a Enter Provider NPI

Box 33 Enter address: Washington Vaccine Association, PO Box 94002, Seattle, WA 98124-9402 Box 33a Enter the WVA NPI (1699092718)

#### STEP3

#### Submit via Mail

Mail the Administrative Claim Form and DBA Form to the payer (health plan, insurance company, or third-party administrator) — not to the WVA.

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#### **STEP2: DBA Form**

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Submit the Administration Claim Form with the DBA Form to the payer—not WVA. You have the option of filling out the Forms electronically (preferred) or by mail.



## **OPTION 2: ELECTRONIC**

#### STEP1

#### Fill out the DBA Form electronically

#### The Form must include:

- 1. Billing provider Federal Tax ID Number
- 2. Billing provider information
- 3. Patient account number
- 4. Signature of physician or supplier
- 5. Service facility location & facility NPI
- 6. Service line and date of service
- 7. CPT Code
- 8. Charges

#### STEP2

#### Submit Electronically

Submit the Administrative Claim Form and DBA Form to the payer (health plan, insurance company, or third-party administrator) via your company clearinghouse — not to the WVA.

Do not submit to WVA.

### **DENIED CLAIMS**

If the administrative claim is denied for incorrect demographic or eligibility information, please re-file the WVA claim with the corrections. The WVA relies on provider offices to ensure that any denied claims are re-filed correctly.

## **QUESTIONS?**

You can find answers to many questions on the "FAQs" page at **www.wavaccine.org**.

#### Note for first time electronic filers

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

#### **Important Numbers**

WVA National Provider Identifier (NPI): 1699092718

WVA Tax Identification Number (TIN): 27-2251833

	837 Electronic Claim - Professional	Electronic Claim - Professional								
	X12N 827 Varsion 501041	Loon	Segment/	Qualifier	Qualifier	Data for W/V/A DBA Broco				
	Claim - Field Description	LOOP	Liement	Quaimer	Description	Data for WVA DBA Proce				
1	Billing Provider									
	Federal Tax ID Number (TIN)	2010AA	REF01	EI	for EIN					
		204044	05500	SY	for SSN	27.2254022				
	IIN	2010AA	REF02			27-2251833				
2	Billing Provider Information	2010AA	NM101	85						
4										
	Billing Provider Entity Type	2010AA	NM102	2						
						Washington				
	Billing Organizational Name	2010AA	NM103			Vaccine Association				
	Identification Code Type	2010AA	NM108	XX	NPI					
	National Provider Identifier (NPI)	2010AA	NM109			1699092718				
	Billing Provider Address	2010AA	N3			leave blank				
	Billing Provider Address - Line 1	2010AA	N301			Marketplace Tower PH-A				
	Billing Provider Address - Line 2	2010AA	N302			2025 First Ave				
	Billing Provider City, State, ZIP Code									
	City	2010AA	N401			Seattle				
	State	2010AA	N402			WA				
	Zin Code	201044	N403			981213125				
	210 0000	2010/01	14405			501215125				
						Washington				
	Pay-To Address Name	2010AB	NM101	87		Vaccine Association				
	Pay-to Entity Type	2010AB	NM102	2						
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	Pay-To Address	2010AB	N3							
	Pay-To Address - Line 1	2010AB	N301			PO Box 94002				
	Pay-To Address - Line 2	2010AB	N302			10 00004002				
	Pay-To City State 7IP Code	2010/10	N4							
	City	2010AB	N/01			Seattle				
	State	2010AB	N402			WA				
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		2010/10								
2	Patient Account Number	2300	CLM01							
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	Total Charge	2300	CLM02			Total Charge Amount				
	RenderingProviderName	2310B	NM1							
4	Rendering Provider Name	2310B	NM102	82		Rendering				
		2310B	NM103			Rendering Provider Name				
F	Service Facility Location Information	2310C								
J	Service Facility Identifier	2310C	NM101	77	Location					
						Office Address of				
				FA	Facility	Service Facility				
	Service Facility Type	2310C	NM102	2	·	•				
				-						
	Non-Person Name, or Person Last Name	2310C	NM103							
0	Service Line, Service Date(s)		DTP01	172						
b	Service From - To Dates	2400	DTPO1	472						
	Service From - To Dates	2400	DTP02	KD8						
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7	Procedures, Services, Supplies	2400	SV1							
	Product/Service ID	2400	SV101-1	HC						
	Procedure - CPT/HCPCS Code	2400	SV101-2							
	Line How Charge Amount		01/4.00							
8	Line item \$ Charge Amount	2400	SV102							



# You make the program work!

When you use the DBA process, it allows the WVA to collect the necessary assessments from insurance carriers and third party administrators.

With your help, Washington can continue to provide vaccines to protect all children in our state.

#### **Stay Connected**

For more information, visit **www.wavaccine.org** and sign up for email alerts.

info@wavaccine.org Ph. 888-928-2224 Fax. 888-928-2242