



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

➤ Please visit www.wavaccine.org to ensure that all systems are updated with the current assessment grid.

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.

STEP 1

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 2

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)

STEP 3

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.

➤ Do not submit to WVA.

STEP 1: Administration Claim Form

VACCINE ADMINISTRATION CLAIM TO SUBMIT WITH DBA FORM

HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (LUNG) 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 NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S DATE OF BIRTH MM DD YY SEX M F

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) QUAL. FROM TO

15. OTHER DATE QUAL. FROM TO

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO CHARGES \$

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD 10th. A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. (DATE) OF SERVICE FROM TO B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) D. DIAGNOSIS POINTER E. CHARGES F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

25. FEDERAL TAX I.D. NUMBER PROVIDER TIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ TOTAL

29. AMOUNT PAID \$

30. Paid for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION PROVIDER INFORMATION

33. BILLING PROVIDER INFO & PH # PROVIDER INFORMATION

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

STEP 2: DBA Form

SAMPLE DBA FORM

HEALTH INSURANCE CLAIM FORM

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

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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

STEP 1

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

STEP 2

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						
X12N 837, Version 5010A1 Claim - Field Description	Loop	Segment/ Element	Qualifier	Qualifier Description	Data for WVA DBA Process	
1 Billing Provider						
Federal Tax ID Number (TIN)	2010AA	REF01	EI	for EIN		
TIN	2010AA	REF02	SY	for SSN		27-2251833
2 Billing Provider Information	2010AA	NM101	85			
Billing Provider Entity Type	2010AA	NM102	2			
Billing Organizational Name	2010AA	NM103				Washington 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
Zip Code	2010AA	N403				981213125
Pay-To Address Name	2010AB	NM101	87			Washington Vaccine Association
Pay-to Entity Type	2010AB	NM102	2			
Pay-To Address	2010AB	N3				
Pay-To Address - Line 1	2010AB	N301				PO Box 94002
Pay-To Address - Line 2	2010AB	N302				
Pay-To City, State, ZIP Code						
City	2010AB	N401				Seattle
State	2010AB	N402				WA
Zip Code	2010AB	N403				981249402
3 Patient Account Number	2300	CLM01				
Total Charge	2300	CLM02				Total Charge Amount
4 Rendering Provider Name	2310B	NM1				
Rendering Provider Name	2310B	NM102	82			Rendering Rendering Provider Name
	2310B	NM103				
5 Service Facility Location Information	2310C					
Service Facility Identifier	2310C	NM101	77	Location		
			FA	Facility		Office Address of Service Facility
Service Facility Type	2310C	NM102	2			
Non-Person Name, or Person Last Name	2310C	NM103				
6 Service Line, Service Date(s)	2400	DTP01	472			
Service From - To Dates	2400	DTP02	RD8			
Formatas: CCYYMMDD-CCYYMMDD	2400	DTP03				
7 Procedures, Services, Supplies	2400	SV1				
Product/Service ID	2400	SV101-1	HC			
Procedure - CPT/HCPCS Code	2400	SV101-2				
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

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