



# Private Insurance Assessment Billing

## PROVIDER & PAYER GUIDE



# 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.

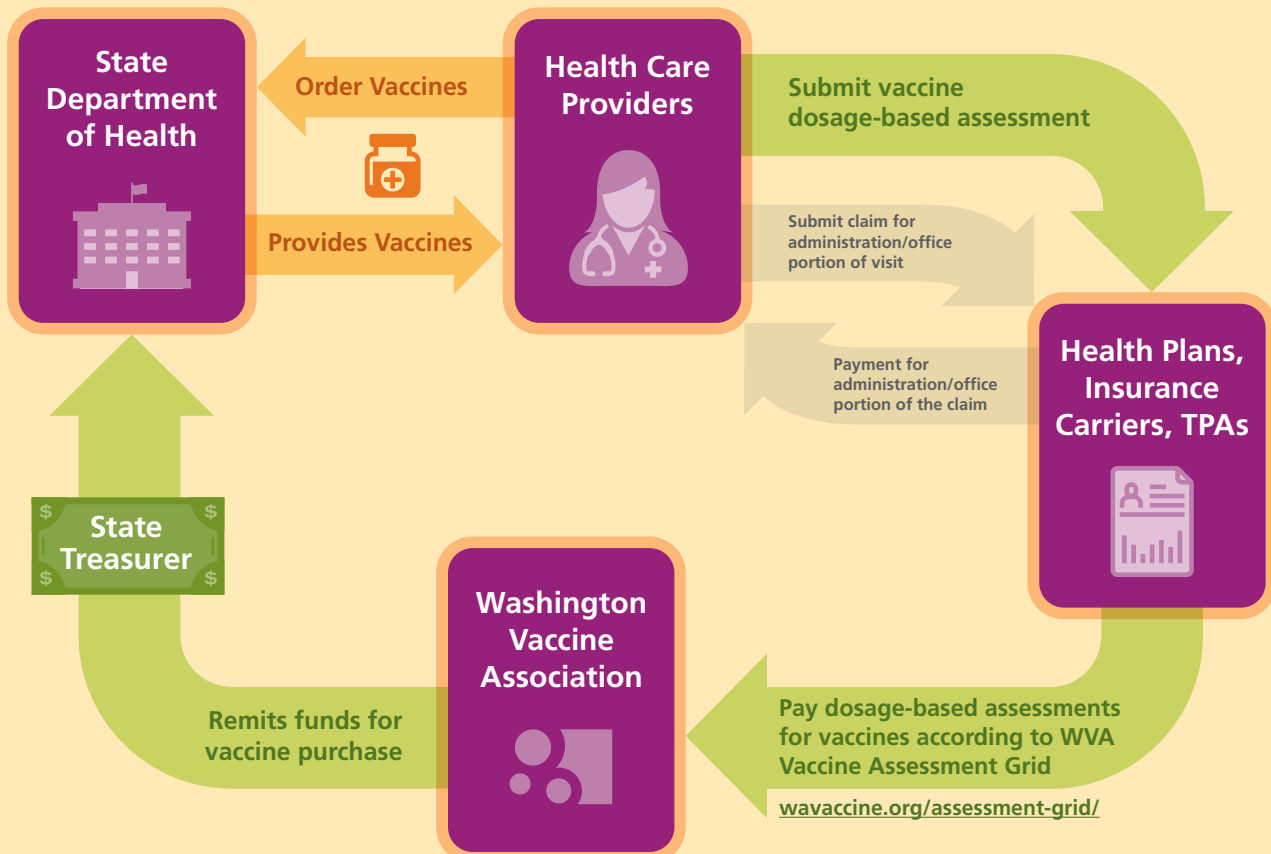
### WVA MAKES IT POSSIBLE FOR:

- 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.

# TO FILE

File electronically  
(or by mail)

# Dosage-Based Assessment (DBA) Filing Basics

Providers only need to submit DBAs for State-supplied CVP vaccine material for privately-insured patients under the age of 19, and will complete two separate HCFA 1500s, one for Administration Claim and one for Dosage-Based Assessment. Payers expect electronic submission unless provider has made other arrangements directly.

## STEP 1

### Complete Administration Claim (HCFA 1500)

Complete the vaccine administration claim. This claim should only include the vaccine administration code(s), and not the vaccine material.

**\* Note: Do NOT include vaccine codes and modifiers for provider's administration charges on the Administration Claim to the payer.**

## STEP 2

### Use the HCFA 1500 for the Dosage-Based Assessment

**\* First: Download the Vaccine Assessment Grid!**

The Dosage-Based Assessment has the following changes from the Administration Claim:

- Box 19:** A good place for processing notes to payer if needed.
- Box 21:** Enter "Z23" (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 Vaccine Assessment Grid, found online at: [wavaccine.org/assessment-grid/](http://wavaccine.org/assessment-grid/).

- Box 24j:** Enter Provider's billing NPI.
- Box 25:** Enter WVA TIN: 27-2251833.
- Box 32a:** Enter Provider's billing NPI.
- Box 33:** Enter **Provider's** billing office phone number. Enter **WVA's** address: Washington Vaccine Association, PO Box 94002, Seattle, WA 98124-9402.
- Box 33a:** Enter WVA NPI: 1699092718.
- Box 33b:** Enter WVA's Taxonomy Code: 251K00000X.

## STEP 3

### Submit both versions to payer

Submit the Administrative Claim and Dosage-Based Assessment to the payer (health plan, insurance company, or third-party administrator).

**\* Billing Tip: Submit to Payer and NOT to WVA.**

## STEP 1: ADMINISTRATION CLAIM

**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) 2012

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA (SEVERELY DISABLED) 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)  
6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)  
7. INSURED'S ADDRESS (No. Street)  
8. RESERVED FOR NUCC USE  
9. CITY STATE ZIP CODE TELEPHONE (Include Area Code)  
10. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
11. OTHER 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.  
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 (Specify A-L to service line below (4HE))  
22. RESUBMISSION CODE ORIGINAL REF. NO.  
23. PRIOR AUTHORIZATION NUMBER  
24. A. (DATE(S) OF SERVICE FROM TO) B. C. D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) E. DIAGNOSIS POINTER \$ CHARGES F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. AA. AB. AC. AD. AE. AF. AG. AH. AI. AJ. AK. AL. AM. AN. AO. AP. AQ. AR. AS. AT. AU. AV. AW. AX. AY. AZ. BA. BB. BC. BD. BE. BF. BG. BH. BI. BJ. BK. BL. BM. BN. BO. BP. BQ. BR. BS. BT. BU. BV. BW. BX. BY. BZ. CA. CB. CC. CD. CE. CF. CG. CH. CI. CJ. CK. CL. CM. CN. CO. CP. CQ. CR. CS. CT. CU. CV. CW. CX. CY. CZ. DA. DB. DC. DD. DE. DF. DG. DH. DI. DJ. DK. DL. DM. DN. DO. DP. DQ. DR. DS. DT. DU. DV. DW. DX. DY. DZ. EA. EB. EC. ED. EE. EF. EG. EH. EI. EJ. EK. EL. EM. EN. EO. EP. EQ. ER. ES. ET. EU. EV. EW. EX. EY. EZ. FA. FB. FC. FD. FE. FF. FG. FH. FI. FJ. FK. FL. FM. FN. FO. FP. FQ. FR. FS. FT. FU. FV. FW. FX. FY. FZ. GA. GB. GC. GD. GE. GF. GG. GH. GI. GJ. GK. GL. GM. GN. GO. GP. GQ. GR. GS. GT. GU. GV. GW. GX. GY. GZ. HA. HB. HC. HD. HE. HF. HG. HH. HI. HJ. HK. HL. HM. HN. HO. HP. HQ. HR. HS. HT. HU. HV. HW. HX. HY. HZ. IA. IB. IC. ID. IE. IF. IG. IH. II. IJ. IK. IL. IM. IN. IO. IP. IQ. IR. IS. IT. IU. IV. IW. IX. IY. IZ. JA. JB. JC. JD. JE. JF. JG. JH. JI. JJ. JK. JL. JM. JN. JO. JP. JQ. JR. JS. JT. JU. JV. JW. JX. JY. JZ. KA. KB. KC. KD. KE. KF. KG. KH. KI. KJ. KL. KM. KN. KO. KP. KQ. KR. KS. KT. KU. KV. KW. KX. KY. KZ. LA. LB. LC. LD. LE. LF. LG. LH. LI. LJ. LK. LL. LM. LN. LO. LP. LQ. LR. LS. LT. LU. LV. LW. LX. LY. LZ. MA. MB. MC. MD. ME. MF. MG. MH. MI. MJ. MK. ML. MM. MN. MO. MP. MQ. MR. MS. MT. MU. MV. MW. MX. MY. MZ. NA. NB. NC. ND. NE. NF. NG. NH. NI. NJ. NK. NL. NM. NN. NO. NP. NQ. NR. NS. NT. NU. NV. NW. NX. NY. NZ. OA. OB. OC. OD. OE. OF. OG. OH. OI. OJ. OK. OL. OM. ON. OO. OP. OQ. OR. OS. OT. OU. OV. OW. OX. OY. OZ. PA. PB. PC. PD. PE. PF. PG. PH. PI. PJ. PK. PL. PM. PN. PO. PP. PQ. PR. PS. PT. PU. PV. PW. PX. PY. PZ. QA. QB. QC. QD. QE. QF. QG. QH. QI. QJ. QK. QL. QM. QN. QO. QP. QQ. QR. QS. QT. QU. QV. QW. QX. QY. QZ. RA. RB. RC. RD. RE. RF. RG. RH. RI. RJ. RK. RL. RM. RN. RO. RP. RQ. RR. RS. RT. RU. RV. RW. RX. RY. RZ. SA. SB. SC. SD. SE. SF. SG. SH. SI. SJ. SK. SL. SM. SN. SO. SP. SQ. SR. SS. ST. SU. SV. SW. SX. SY. SZ. TA. TB. TC. TD. TE. TF. TG. TH. TI. TJ. TK. TL. TM. TN. TO. TP. TQ. TR. TS. TT. TU. TV. TW. TX. TY. TZ. UA. UB. UC. UD. UE. UF. UG. UH. UI. UJ. UK. UL. UM. UN. UO. UP. UQ. UR. US. UT. UU. UV. UW. UX. UY. UZ. VA. VB. VC. VD. VE. VF. VG. VH. VI. VJ. VK. VL. VM. VN. VO. VP. VQ. VR. VS. VT. VU. VW. VX. VY. VZ. WA. WB. WC. WD. WE. WF. WG. WH. WI. WJ. WK. WL. WM. WN. WO. WP. WQ. WR. WS. WT. WU. WV. WW. WX. WY. WZ. XA. XB. XC. XD. XE. XF. XG. XH. XI. XJ. XK. XL. XM. XN. XO. XP. XQ. XR. XS. XT. XU. XV. XW. XX. XY. XZ. YA. YB. YC. YD. YE. YF. YG. YH. YI. YJ. YK. YL. YM. YN. YO. YP. YQ. YR. YS. YT. YU. YV. YW. YX. YY. YZ. ZA. ZB. ZC. ZD. ZE. ZF. ZG. ZH. ZI. ZJ. ZK. ZL. ZM. ZN. ZO. ZP. ZQ. ZR. ZS. ZT. ZU. ZV. ZW. ZX. ZY. ZZ.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If verify that the statements on the reverse apply to this bill and are made a part thereof.)  
32. SERVICE FACILITY LOCATION INFORMATION  
33. BILLING PROVIDER INFO & PI #

34. BILLING PROVIDER INFO & PI #  
35. AMOUNT PAID TO PATIENT  
36. BILLING PROVIDER INFO & PI #

37. ACCEPT ASSIGNMENT? (YES NO)  
38. TOTAL CHARGE \$  
39. AMOUNT PAID \$  
40. REMAINS FOR NUCC USE \$

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

## STEP 2: DOSAGE-BASED ASSESSMENT

**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.

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5. PATIENT'S ADDRESS (No. Street)  
6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)  
7. INSURED'S ADDRESS (No. Street)  
8. RESERVED FOR NUCC USE  
9. CITY STATE ZIP CODE TELEPHONE (Include Area Code)  
10. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
11. OTHER 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)  
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## 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

## 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
<b>1</b>	<b>Billing Provider</b>						
	Federal Tax ID Number (TIN)	2010AA	REF01	E1	For EIN		None
	TIN	2010AA	REF02			27-2251833	Box 25
<b>2</b>	<b>Billing Provider Information</b>	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
<b>3</b>	<b>Billing Provider Contact</b>	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
<b>4</b>	<b>Pay-To Provider Name</b>	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
<b>5</b>	<b>Patient Account Number</b>	2300	CLM01				Box 26
	Total Charge	2300	CLM02			Total Charge Amount	Box 28
		2300	CLM05-1	11	Office		Box 24B
	<b>Provider Signature Indicator</b>	2300	CLM06	Y	Yes		Box 31
	Note	2300	NTE				None
<b>6</b>	<b>Note Reference Code</b>	2300	NTE01	ADD	Indicates additional information for claim		Box 19
	Note Text	2300	NTE02			Enter any free text notes about the claim	Box 19
<b>7</b>	<b>Rendering Provider Name</b>	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
<b>8</b>	<b>Service Facility Location Information</b>	2310C					None
	Service Facility Identifier	2310C	NM101	77	Service Location		None
				FA	Facility	Use Office Address of Service Facility	None
<b>9</b>	Service Facility Type	2310C	NM102	2	Non-Person Entity		None
	Service Facility Name	2310C	NM103				Box 32
<b>10</b>	<b>Service Line, Service Date(s)</b>	2400	DTP01	472	Date of Service		None
	Service From - To Dates	2400	DTP02	RD8	Range of Dates of Service		None
	Format as: CCYYMMDD-CCYYMMDD	2400	DTP03				Box 24A
<b>11</b>	<b>Procedures, Services, Supplies</b>	2400	SV1				None
	Product/Service ID	2400	SV101-1	HC	Standard CPT Code		None
	Procedure-CPT/HCPCS Code	2400	SV101-2				Box 24D
<b>12</b>	Line Item \$ Charge Amount	2400	SV102				Box 24F
<b>13</b>	<b>Drug Identification</b>	2410	LIN				None
	Product or Service Identification Code	2410	LIN02	N4	Must be N4 (No description given)		Box 24 Shaded area for service line
	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
	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, F2 or GR)	Box 24 Shaded area for service line

## QUESTIONS?

We are here to help! You can find answers to many questions on our [FAQs page](#) ([www.wavaccine.org/faqs](http://www.wavaccine.org/faqs)), by calling us at 1-888-928-2224, or emailing us at [info@wavaccine.org](mailto:info@wavaccine.org).

# Takeaways for Providers and Payers

When providers and payers participate in the WVA dosage-based assessment (DBA) process, it allows the WVA to collect the necessary assessments from insurance carriers and third-party administrators (TPAs) that in turn allows the State of Washington to continue to provide vaccines to protect covered children in our state.

## TAKEAWAYS FOR PROVIDERS

- The modifier SL should never be used with the DBA process. The modifier may be required by traditional and managed Medicaid plans that do not require a DBA.
- The Vaccine Assessment Grid is posted on the WVA website and contains the most up-to-date information on vaccine material CPT and NDC codes and charges to use on the DBA submission – see <https://wavaccine.org/assessment-grid/>.
- Providers only need to submit DBAs for State-supplied CVP vaccine material for privately-insured patients under the age of 19.
- Providers should not submit DBAs on behalf of patients with other types of insurance such as Apple Health (Medicaid) or managed-Medicaid products.
- Providers should consult the WA Department of Health's (DOH) [Eligibility for Publicly Funded Vaccines – A Guide for Providers](#) to determine if a DBA for the WVA is required.
- Providers should not collect co-pays, co-insurances, or deductibles for the vaccine portion of the visit as there is no patient responsibility due.

### The Department of Health can assist you with questions about:

- Provider enrollment in the Vaccine for Children (VFC) program and program requirements, including site visits.
- Vaccine ordering and the State's Immunization Information System (IIS).
- Center for Disease Control (CDC) requirements and education on vaccine material storage, handling, and waste.
- Non-commercially insured, traditional Medicaid, managed Medicaid (Apple Health), and uninsured patients.
- A health benefit plan that does not cover preventive services.
- Questions regarding brand choice.

## VACCINE CLAIM/ASSESSMENT FOLLOW UP

If the administration and/or DBA is denied for incorrect provider demographic or patient eligibility information, lacking a National Drug Code (NDC), or other reason, the provider must re-file both the corrected administrative and vaccine material DBA forms to the carrier or TPA. The WVA relies on provider offices to pursue payment of the DBA, or vaccine portion of the claim, to the full extent they pursue payment of the administration portion of the claim. The WVA does not submit claims directly to carriers and TPAs, and relies on correct DBA processing in order to maintain program funding.

## TAKEAWAYS FOR PAYERS

### Participation and Regulatory Requirements

- The WVA, created by State statute, is considered a public health organization and is not required to be in network to receive payments for DBAs from carriers or TPAs.
- TPAs are required by RCW 70.290.075 to register on the [WVA website \(https://wavaccine.org/registration-requirements/\)](https://wavaccine.org/registration-requirements/).
- Carriers and TPAs are required to ensure their adjudication systems pay according to the WVA Vaccine Assessment Grid price. The price is set by CPT and NDC code annually on July 1st – see <https://wavaccine.org/assessment-grid/>.

### No Patient Responsibility

- There are no contractual adjustments or patient responsibility associated with DBAs.

### DBA Adherence

- The WVA does not submit DBAs itself and receives remits from carriers and TPAs only. DBAs are only submitted by providers on behalf of the WVA to the payers.
- If a provider cannot separate the provider's administrative fee from the vaccine material fee (DBA), the payer must in the interim produce a settlement report and payment to the WVA with remittance detail until the provider can bill the payer a separate DBA.

### Other

- Carriers and TPAs can reduce their administrative expenses by submitting electronic remittance advices (ERAs) and electronic fund transfers (EFTs) to the WVA. Payment may also be made via check, but not by VCP. To sign up for electronic remittance, please [email info@wavaccine.org](mailto:email_info@wavaccine.org) with your request and contact information so we can follow up with you.
- Each year payers and TPAs are provided a statutory assessment letter which contains an estimate of future-year payments to the WVA for informational/budgeting purposes.
- The WVA is a non-profit entity that does not require a 1099. The 1099 results in administrative expense for the carrier/TPA and the WVA. A WVA W9 may be downloaded from our website if required – see <https://wavaccine.org/other-resources-and-links/>.

### Overpayments, Refunds and Takebacks

- If payers have made payments to providers instead of the WVA for vaccine material, payers are responsible to reverse the payment and re-process for remittance to the WVA.
- The WVA asks payers to seek refunds with DBA-specific information (claim number, DOS, patient ID, charges, paid amounts) in order for a refund check to be mailed to payers.
- The WVA does not accept takebacks, vouchers, or offsets from payers when claims are reprocessed by payers seeking reimbursement for overpaid DBAs.
- If a payer is planning to reprocess DBAs in bulk, we would ask they reach out to us to make arrangements (e.g., a lump payment with claim-specific notation) in order to reduce manual refund check processing costs.

# Stay connected.

Sign up to stay informed by going to:  
[www.wavaccine.org/contact/](http://www.wavaccine.org/contact/)



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