

Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2022.

For Dosage-Based Assessment (DBA) Billing Used for Commercially Insured Patients Under the Age of 19.

Please note that this WVA Assessment Grid, effective July 1, 2022, replaces the grid last updated on July 1, 2021. 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 YELLOW COLUMN is the assessment amount per dose as of July 1, 2022. The PURPLE SHADED NDC on page 2 is a new vaccine presentation effective March 1, 2023.**

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2021 to 06/30/2022	For Reference: CDC Private Sector Cost/Dose 04/01/2022	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	Percent Change 07/01/2021 to 07/01/2022
90620	58160-0976-20 (10 pack – 1 dose syringe)	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	Bexsero®	\$120.84	\$201.30	\$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	\$168.15	\$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	\$35.87	\$20.72	0.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$35.61		
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	\$28.05	\$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	\$18.24	\$9.46	0.0%
	58160-0818-11 (10 pack – 1 dose vial)		Hiberix®		\$12.00		
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	\$253.60	\$189.08	0.0%
90670	00005-1971-02 (10 pack – 1 dose syringe)	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	Pprevnar 13™	\$144.84	\$226.43	\$144.84	0.0%
90671	00006-4329-03 (10 pack – 1 dose syringe)	Pneumococcal conjugate PCV15, polysaccharide CRM197 conjugate, adjuvant, PF	Vaxneuvance™	N/A	\$216.09	\$165.52	N/A

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90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$90.50	\$72.04	0.0%
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$130.82	\$97.88	0.0%
	58160-0740-21 (10 pack – 1 oral dose)						
90696	58160-0812-52 (10 pack – 1 dose syringe)	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Kinrix®	\$41.93	\$57.22	\$41.93	0.0%
	49281-0562-10 (10 pack – 1 dose vial)		Quadracel™				
	49281-0564-15 (10 pack – 1 dose syringe)						
90697	63361-0243-15 (10 pack – 1 dose syringe)	Diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, Haemophilus b conjugate (meningococcal protein conjugate), and Hepatitis B (recombinant) vaccine	Vaxelis™	\$83.38	\$139.82	\$83.38	0.0%
	63361-0243-10 (10 pack – 1 dose vial)						
90698	49281-0511-05 (5 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	\$61.94	\$106.18	\$61.94	0.0%
90700	49281-0286-10 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Daptacel®	\$18.63	\$34.15	\$18.63	0.0%
	58160-0810-52 (10 pack – 1 dose syringe)		Infanrix®				
90702	49281-0225-10 (10 pack – 1 dose vial)	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	DT (pediatric)	\$59.59	\$0.00	\$59.59	0.0%
90707	00006-4681-00 (10 pack – 1 dose vial)	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	M-M-R®II	\$21.77	\$87.31	\$21.77	0.0%
	58160-0824-15 (10 pack – 1 dose vial)		Priorix				

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90710	00006-4171-00 (10 pack – 1 dose vial)	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	ProQuad®	\$138.67	\$250.02	\$138.67	0.0%
90713	49281-0860-10 (10 dose vial)	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	IPOL®	\$13.90	\$38.74	\$13.90	0.0%
90714	49281-0215-15 (10 pack – 1 dose syringe)	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	Tenivac®	\$16.42	\$37.92	\$16.42	0.0%
	49281-0215-10 (10 pack – 1 dose vial)						
	13533-0131-01 (10 pack – 1 dose vial)	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	TDVAX™		\$37.17		
90715	58160-0842-11 (10 pack – 1 dose vial)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Boostrix®	\$32.73	\$44.80	\$32.73	0.0%
	58160-0842-52 (10 pack – 1 dose syringe)						
	49281-0400-10 (10 pack – 1 dose vial)		Adacel®		\$50.48		
	49281-0400-20 (5 pack – 1 dose syringe)						
90716	00006-4827-00 (10 pack – 1 dose vial)	Varicella virus vaccine (VAR), live, for subcutaneous use	Varivax®	\$110.28	\$150.98	\$110.28	0.0%
90723	58160-0811-52 (10 pack – 1 dose syringe)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	Pediarix®	\$60.96	\$90.05	\$60.96	0.0%
90732	00006-4837-03 (10 pack – 1 dose syringe)	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years	Pneumovax® 23	\$59.78	\$117.08	\$59.78	0.0%
90734	49281-0589-05 (5 pack – 1 dose vial)	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	Menactra®	\$96.15	\$141.70	\$96.15	0.0%
	58160-0955-09 (5 pack – 1 dose vial)		Menveo®		\$144.18		
90619	49281-0590-05 (5 pack – 1 dose vial)	Meningococcal polysaccharide (groups A, C, Y, W-135) tetanus toxoid conjugate vaccine .5mL dose, preservative free	MenQuadfi™	\$96.15	\$148.71	\$96.15	N/A

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90744	00006-4981-00 (10 pack – 1 dose vial)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	\$12.54	\$35.60	\$12.54	0.0%
	00006-4093-02 (10 pack – 1 dose syringe)		Recombivax HB®		\$35.60		
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®		\$26.34		

2022-2023 Pediatric Influenza Vaccine Assessments

90686	19515-0808-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent	\$13.50	\$19.00	\$13.50	0.0%
	49281-0422-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR		\$18.63		
90688	49281-0637-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV	\$13.55	\$18.63	\$13.55	0.0%
90672	66019-0309-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent	\$18.88	\$22.95	\$18.88	0.0%
90674	70461-0322-03 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent	\$16.02	\$26.95	\$16.02	0.0%

NOTE: The WVA reserves the right to modify the Assessment Grid in effect at any time with Board approval and appropriate notification of payers.

DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2022

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename
90686	19515-0818-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent
	49281-0421-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR
90688	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV

APPROVED April 28, 2022

UPDATED March 3, 2023

90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
90674	70461-0321-03 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent

DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2021

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename
90686	19515-0816-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent
	49281-0420-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR
90688	49281-0635-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV
90672	66019-0308-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
90674	70461-0321-03 (10 pack - 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent

DISCONTINUED PEDIATRIC INFLUENZA NDC CODES AS OF JUNE 30, 2020

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename
90686	19515-0906-52 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	FluLaval® Quadrivalent
	49281-0419-50 (10 pack – 1 dose syringe)	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent SYR
90672	66019-0306-10 (10 pack- 1 dose sprayer (Intranasal))	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	FluMist® Quadrivalent
90688	49281-0631-15 (10 dose vial)	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	Fluzone® Quadrivalent MDV
90674	70461-0319-03 (10 pack - 1 dose syringe)	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Flucelvax® Quadrivalent

APPROVED April 28, 2022

UPDATED March 3, 2023

DISCONTINUED CPT CODES FROM JULY 1, 2020 ASSESSMENT GRID							
CPT Code	NDC Code / Packaging	July 1, 2021 Grid CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2020	CDC Private Sector Cost/Dose 4/1/2021	WVA Assessment Amount per dose as of 7/1/2021	Percent change 7/1/2021 to 7/1/2022
90680	00006-4047-20 (25 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$87.88	\$72.04	0.0%
90696	58160-0812-11 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	Kinrix®	\$41.93	\$55.64	\$41.93	0.0%
90698	49281-0510-05 (5 pack – 1 dose vial)	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	Pentacel®	\$61.94	\$61.94	\$61.94	0.0%
90700	58160-0810-11 (10 pack – 1 dose vial)	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	Infanrix®	\$18.63	\$26.31	\$18.63	0.0%
DISCONTINUED CPT CODES FROM JULY 1, 2019 ASSESSMENT GRID							
CPT Code	NDC Code / Packaging	July 1, 2019 Grid CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2018	CDC Private Sector Cost/Dose 4/1/19	WVA Assessment Amount per dose as of 7/1/2019	Percent change 7/1/2018 to 7/1/2019
90636	58160-0815-52 (10 pack – 1 dose syringe)	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use. (Age 18 only for CVP)	Twinrix®	\$76.58	\$104.00	\$67.29	-12.1%

DISCONTINUED CPT CODES FROM JULY 1, 2018 ASSESSMENT GRID

CPT Code	NDC Code / Packaging	July 1, 2018 Grid CPT Code Description	Tradename	WVA Assessment Amount per dose as of 7/1/2018	CDC Private Sector Cost/Dose 4/1/19	WVA Assessment Amount per dose as of 7/1/2019	Percent change 7/1/2018 to 7/1/2019
90685	49281-0518-25 (10 pack - 1 dose syringe)	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.16	\$19.26	\$18.53	-20.0%

DISCONTINUED CPT CODES FROM JULY 1, 2017 ASSESSMENT GRID

CPT Code	NDC Code	July 1, 2017 Grid CPT Code Description	Trade Name(s)	WVA Assessment Amount per dose as of 7/1/2016	CDC Market Survey	WVA Assessment Amount per dose as of 7/1/2017	Percent change 7/1/2016 to 7/1/2017
90644	58160-0801-11	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (Hb-MenCY), 4 dose schedule, when administered to high risk children 2 - 15 months of age, for intramuscular use	MenHibrix	\$14.72	\$24.71	\$14.72	0.0%
90649	00006-4045-41	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Gardasil	n/a	n/a	n/a	n/a
90650	58160-0830-52	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL)	Cervarix	n/a	n/a	n/a	n/a
90743	00006-4981-00	Hepatitis B vaccine, adolescent dosage (2-dose schedule), for intramuscular use (Code price is per dose) (Recombivax HB 10mcg = one dose)	Recombivax HB	\$17.19	\$23.20	\$17.19	0.0%
90685	49281-0517-25	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use (Code Price is per 0.25 mL dose)	Fluzone Pediatric Preservative Free (PF)	\$23.16	\$18.72	\$23.16	0.0%
90687	49281-0517-25	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	Fluzone	\$18.47	\$18.72	\$18.47	0.0%

To ensure proper DBA submission and carrier/TPA remittance to the WVA, providers should check the:

- **Date of service** to ensure the correct Grid year is being used;
- **CPT code** to ensure it is a valid code (*see **note** below); and
- **Assessment amount** to ensure proper DBA submission and carrier/TPA remittance to the WVA.

*Please note: Sometimes vaccine material is still viable and can be administered, even if it has been discontinued from prior Grids and is not shown on the current Grid.

If the CPT code is not offered on the current Grid, providers should check the legacy information at the end of the grid document to determine if a prior Grid amount should be billed on the DBA. Please validate the date of service and the legacy Grid year when selecting the Grid amount.