

## Q&A

### Q. What is this guidance intended to do?

**A.** This guidance was developed by a workgroup comprised of hospitals, payers, WA Department of Health (DOH) staff, and Washington Vaccine Association (WVA) staff. It is intended to assist hospitals, and the payers they work with, to ensure their respective billing and adjudication systems can support the Dosage-Based Assessment (DBA) process, which supports our state's universal purchase of pediatric vaccines.

### Q. What is the Washington Vaccine Association (WVA)?

**A.** The WVA is a statutorily created 501(c)(3) non-profit, distinct from the WA DOH, established by the Washington Legislature to fund childhood vaccines for commercially insured children under the age of 19. The funding collected by the WVA through the DBA mechanism is leveraged with federal funding to ensure that the WA DOH's universal Childhood Vaccine Program (CVP) can purchase vaccines for all children, regardless of insurance status.

### Q. What is the Dosage-Based Assessment?

**A.** The DBA is a medical claim-like submission (837 or CMS-1500 format) from providers to commercial insurance carriers and third-party administrators (Payers) that is paid to the WVA to provide vaccine funding, and required by the State DOH's Provider Enrollment Agreement.

### Q. Which inpatient hospital facilities are required to submit a DBA to the Payers on behalf of the WVA?

**A.** All facilities receiving state supplied vaccine from the [WA DOH Childhood Vaccine Program \(CVP\)](#) are required to submit a DBA for privately insured pediatric patients.

### Q. When must inpatient hospital facilities be compliant with DBA submission?

**A.** No later than **July 1, 2024**.



### Q. Which vaccines require a DBA?

**A.** A DBA is required for **all vaccines** listed on the WVA [Vaccine Assessment Grid](#) given to a commercially insured patient under the age of 19.

### Q. Are newborns required to be covered under the mother's insurance per the Erin Act?

**A. Yes.** The DBA is submitted the same as for other claims for newborn services.

### Q. Are inpatient hospital facilities required to screen and document patient eligibility in the Immunization Information System (IIS) prior to submitting the DBA?

**A. Yes.** Refer to the WA DOH's [Eligibility for Publicly Funded Vaccines: A Guide for Providers](#) to learn how to properly screen patients and document the correct eligibility status prior to inpatient DBA submission.

### Q. What place of service (POS) codes should be used when submitting the DBA?

**A.** The list of inpatient facility POS codes for the DBA include: **19** - Off Campus-Outpatient Hospital; **20** - Urgent Care Facility; **21** - Inpatient Hospital; **22** - On Campus-Outpatient Hospital; **23** - Emergency Room-Hospital; **25** - Birthing Center.

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## Q&A CONTINUED

### Q. What NPIs are used for the rendering and billing provider fields when submitting the DBA?

A. The NPI of the individual treating provider or entity that provides the health service to the patient is used as the rendering provider (CMS-1500 format Box 24J or 837 format Loop 2310B and Segment NM109) and the billing provider is the WVA's NPI (CMS-1500 format Box 33A or 837 format Loop 2010AA and Segment NM109).

### Q. What charge amount is submitted on the DBA?

A. The charge amount is the Grid Amount shown on the WVA [Vaccine Assessment Grid](#) (updated in its entirety every July 1) – in effect the fee schedule – for the corresponding date of service. The charge should not be "\$0.00" or "\$0.01."

### Q. What diagnosis codes are used when submitting the DBA?

A. **Vaccine encounters use Z23** as the diagnosis code. Additional diagnosis codes are added specific to the preventative service, illness, or injury that presents (e.g., S61.4xxx for a tetanus vaccine given in an emergency room due to a cut hand). **NOTE:** For immunotherapies that are not vaccines, but are included on the WVA [Vaccine Assessment Grid](#), the immunotherapy-specific diagnosis code should be used (e.g., Z29.11 for nirsevimab for RSV).



### Q. Does the DBA need to include the SL modifier?

A. **No.** The SL modifier should only be used for state supplied vaccine for non-commercial patients (e.g., Medicaid, uninsured).

### Q. How does the inpatient facility receive reimbursement for their administration fee(s)?

A. The DBA does **NOT** impact the provider's facility fee. Any facility fee should be billed separately and not on the DBA.

## → QUESTIONS?

- ▶ For the latest information, please visit [www.wavaccine.org/hospitalDBA](http://www.wavaccine.org/hospitalDBA).
- ▶ For in-depth guidance about provider billing, please refer to WVA's [Private Insurance Assessment Billing Provider Guide](#).
- ▶ Training or technical questions can be directed to [compliance@wavaccine.org](mailto:compliance@wavaccine.org) or 1-888-928-2224.
- ▶ Any WA DOH questions can be directed to [WChildhoodVaccines@doh.wa.gov](mailto:WChildhoodVaccines@doh.wa.gov).

In Partnership With:



→ NOTIFY your EMR and EDI teams of required changes. Hospitals must be able to generate a DBA with the WVA's TIN on a CMS-1500 form.

→ To stay up to date with WA DOH Childhood Vaccine Program changes and WVA Vaccine Assessment Grid changes, please sign up for the WA DOH Vaccine Blurb email list by emailing your request to [WChildhoodVaccines@doh.wa.gov](mailto:WChildhoodVaccines@doh.wa.gov).

Vaccine *Blurbs* 

## DBA ELECTRONIC FILING

Hospital inpatient settings only need to submit Dosage-Based Assessments (DBAs) for state-supplied vaccine material for commercially insured inpatients under the age of 19. Payers expect electronic submission unless the provider has made other arrangements directly.

### 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, Charge, Place of Service, Provider Signature, Claim Notes, and Diagnosis
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 insurers and TPAs) 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	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	E I	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	
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	
<b>3</b>	<b>Patient Account Number</b>	2300	CLM01				Box 26
	<b>Total Charge</b>	2300	CLM02			Total Charge Amount	Box 28
	<b>Place of Service</b>	2300	CLM05-1		*POS Codes in key at bottom of page		Box 24B
	<b>Provider Signature Indicator</b>	2300	CLM06	Y	Yes		Box 31
	<b>Note</b>	2300	NTE				None
	<b>Note Reference Code</b>	2300	NTE01	ADD	Indicates additional information for claim		Box 19
<b>Note Text</b>	2300	NTE02			State Vaccine Only	Box 19	
<b>Diagnosis Code</b>	2300	HI				Box 21	
<b>4</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>5</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
Service Facility Type	2310C	NM102	2	Non-Person Entity		None	
Service Facility Name	2310C	NM103				Box 32	
<b>6</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>7</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			Use CPT from WVA Grid; No SL Modifier	Box 24D	
<b>8</b>	Line Item \$ Charge Amount	2400	SV102				Box 24F
<b>9</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	

#### \*Place of Service (POS) Codes

- |  |                                       |
|--|---------------------------------------|
| 19 .....Off Campus-Outpatient Hospital | 22 .....On Campus-Outpatient Hospital |
| 20 .....Urgent Care Facility           | 23 .....Emergency Room – Hospital     |
| 21 .....Inpatient Hospital             | 25 .....Birthing Center               |



While DBAs are primarily submitted electronically via the EDI 837 format, the CMS-1500 form is shown here so that billing departments can better visualize the specific information that belongs in particular fields.

► **Box 19:** Enter "State vaccine only."

► **Box 21:** Vaccine encounters use Z23 as the diagnosis code. Additional diagnosis codes are added specific to the preventative service, illness, or injury that presents (e.g., S61.4xxx for a tetanus vaccine given in an emergency room due to a cut hand). **NOTE:** For immunotherapies that are not vaccines, but are included on the WVA Vaccine Assessment Grid, the immunotherapy-specific diagnosis code should be used (e.g., Z29.11 for nirsevimab for RSV).

► **Box 24A:** Enter the NDC number found on the WVA's Vaccine Assessment Grid and the to and from dates.

► **Box 24B:** Indicate the appropriate Place of Service Code:

Code	Place of Service
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
23	Emergency Room – Hospital
25	Birthing Center

► **Box 24D:** Enter the CPT code for the state-supplied vaccine given. **Do not include the SL modifier.**

► **Box 24F:** Enter charge amount based upon the effective Grid Amount at date of service.

► **Box 24J:** Enter provider's billing NPI, not the WVA's.

► **Box 25:** Enter WVA's TIN: 27-2251833.

► **Box 32A:** Enter provider's billing NPI and service facility address, not the WVA's.

► **Box 33:** Enter Provider's billing office phone number, not the WVA's. Enter WVA's mailing address: Washington Vaccine Association, PO Box 94002, Seattle, WA 98124-9402

\*WVA's physical address is also included on the 837 electronic submission.

► **Box 33A:** Enter WVA's NPI: 1699092718.

► **Box 33B:** Enter WVA's Taxonomy Code: 251K00000X.

★ **NOTE:** Box 19 and 24B instructions are unique to the inpatient hospital DBA.

★ **NOTIFY** your EMR and EDI teams of required changes.

## INPATIENT HOSPITAL DBA EXAMPLE

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

**HEALTH INSURANCE CLAIM FORM**

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

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.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ID#;DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA (FECA LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER		11. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. _____		15. OTHER DATE MM DD YY QUAL. _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) State vaccine only <b>19</b>		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE ORIGINAL REF. NO. _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG _____ C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS _____ MODIFIER _____ E. DIAGNOSIS POINTER _____		F. \$ CHARGES _____ G. DAYS OR UNITS _____ H. EXPT. Family Plan _____ I. ID. QUAL. _____ J. RENDERING PROVIDER ID. # _____	
1 NDC DOS _____ See codes to left See Grid No modifier Tie to 21 See Grid		NPI Service provider NPI	
2 _____		NPI Service provider NPI	
3 _____ 24B 24D 24F		NPI Service provider NPI 24J	
4 _____		NPI Service provider NPI	
5 _____		NPI Service provider NPI	
6 _____		NPI Service provider NPI	
25. FEDERAL TAX I.D. NUMBER 27-2251833 <b>25</b> SSN EIN _____ <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. _____	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
32. SERVICE FACILITY LOCATION INFORMATION Payers compare this to 24B place of service code Enter provider NPI <b>32A</b>		28. TOTAL CHARGE \$ 1699092718 <b>33A</b> 29. AMOUNT PAID No charge to patient <b>33B</b>	
33. BILLING PROVIDER INFO & PH # Phone number is always Provider's billing office. Washington Vaccine Association P.O. Box 94002 Seattle, WA 98124-9402 <b>33</b>		30. Payer for NUCC Use _____	

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

## QUESTIONS?

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