



Ensuring Funds for Childhood Vaccines



WVA's Dosage-Based Assessment Process

In Partnership With:



A Public/Private Partnership

The Washington Vaccine Association (WVA), a not-for-profit 501(c)(3), and the Washington State Department of Health (WA DOH) work together in a public/private partnership to support Washington's universal [Childhood Vaccine Program](#) (CVP).

The CVP supplies state-purchased vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) to enrolled providers for children under age 19. Health insurers and third-party administrators (TPAs) reimburse the WVA for vaccines administered to privately insured children. The WVA in turn transfers funds to the WA DOH for bulk vaccine purchases.

The WA DOH uses funding from the federal [Vaccine for Children Program](#) (VFC), state Medicaid, and WVA assessments to purchase vaccines at federal contract rates and distribute them 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 access to recommended vaccines.
- » Payers to participate in an efficient, cost-effective system to facilitate childhood vaccinations at no cost to their members.
- » Medical providers to have a blended vaccine stock versus the need to segregate publicly and privately-funded vaccine stocks.
- » Medical providers to avoid the burdens associated with purchasing vaccines on their own.





How it Works



Providers support the WVA by:

- » Enrolling in the WA DOH CVP and using state-supplied vaccine material.
- » Accurately submitting the Dosage-Based Assessment (DBA) to payers alongside administrative claims. This critical step allows physicians, clinics, hospitals, other providers, and their patients to receive vaccines for all children at no cost.
- » Ensuring providers and payers do not bill patients for any portion of the vaccine material, regardless of how the payer processes the submitted DBA.




Universal Purchase System Basics



- » Providers play a key role in the program's viability via eligibility status reporting, billing, and documentation.
- » Providers do not pay for the vaccine material.
- » Patients do not pay for the vaccine material (see slide 8 for details).
- » Providers cannot receive payment for the vaccine material.
- » All provider types* – private practices, hospital-owned practices, FQHCs/RHCs, pharmacies, school districts, visiting nurse associations, tribal clinics, hospitals – must submit Dosage-Based Assessments (DBAs) when they use Childhood Vaccine Program (CVP) material for commercially insured patients under age 19.

**Additional types of providers (e.g., direct care practices (DCPs) and local health jurisdictions (LHJs) are not currently, universally required to submit DBAs but this is being reviewed.*

Dosage-Based Assessment Overview

- 
- » The Dosage-Based Assessment (DBA) process is required if:
 - The patient is commercially insured and under age 19.
 - The vaccine is listed on the WVA [Vaccine Assessment Grid](#).
 - The provider obtained the vaccine material from the Washington Department of Health's [Childhood Vaccine Program](#) and not privately purchased by the provider.
 - » Providers are required to correctly identify and document private/commercially insured patients to ensure the DBA is generated.
 - » The WVA [Vaccine Assessment Grid](#) amount must be billed on the DBA for the vaccine material codes; providers need to ensure that this does not cause patient balances or build up of accounts receivable in provider's billing system.
 - » The WVA can only exchange funds with payers, not providers or patients.
 - » The WVA's Tax ID Number (TIN) 27-2251833 must be the "pay to" on the DBA and not the rendering provider's TIN; the provider does not get reimbursed for the vaccine material on a DBA.

No Patient Responsibility for DBAs

» Technically, the Dosage-Based Assessment (DBA) is not a health insurance claim; it is an assessment (fee) that is assessed from the commercial insurance carriers to generate funds to allow the WA DOH to purchase vaccines for provider offices.

» Irrespective of the patient's commercial insurance benefits, the patient has no cost-sharing responsibility for vaccines under the WVA DBA process.

» There are no co-pays, co-insurances, or deductibles applied to DBAs for the vaccine material on the WVA Vaccine Grid and the provider office should not collect any.

» Providers may collect office visit/administration fees according to the commercial insurance benefit and apply co-pays, co-insurances, or deductible posting to charges payable to them. If coverage is lacking and the patient is converted to under-insured status, CDC's administration fee caps apply.



Billing System Setup

» Your Electronic Health Record (EHR) and billing system play a critical role in the DBA process.

» The next few slides provide an overview of the billing process and include:

- An overview of the key documents that support the WVA billing process
- How to identify if a DBA is required while adhering to the WA DOH's eligibility reporting requirements
- The difference between an automatic split claim and a combination claim
- Sample CMS-1500 and 837 submission formats



Key Documents to Support WVA Billing

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WVA Billing Guide



WA DOH Eligibility Grid

WASHINGTON STATE CVP Washington State Department of HEALTH					
Childhood Vaccine Program					
Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
Under-insured Child served at FQHC/RHC <ul style="list-style-type: none">Child is less than 19 years oldHas insurance but it does not cover vaccineServed at a Federally Qualified Health Center/Rural Health Center	Yes	Federal (VFC) vaccine eligible only through FQHC/RHC	V05 VFC eligible – Underinsured at FQHC/RHC	VXCS1 Publicly funded vaccine stock	No <ul style="list-style-type: none">Cannot bill for cost of vaccineMay issue only a single bill within 90 days for admin fee up to \$23.44 per vaccine doseCannot send unpaid admin fee
CHIP Child <ul style="list-style-type: none">Child is less than 19 years oldEnrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHIP)Part of Apple Health*	Yes	State (Non-VFC) vaccine eligible	V22 State vaccine eligible – CHIP		
Insured Child <ul style="list-style-type: none">Child is less than 19 years oldHas insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc.Has insurance but does not cover vaccine and is receiving care at a non-FQHC/RHC	Yes	State (Non-VFC) vaccine eligible	V25 (previous V10) State vaccine eligible – Private Insurance		

WVA Vaccine Assessment Grid

WASHINGTON
VACCINE
ASSOCIATION

2023-24 Vaccine Assessment Grid

Washington Vaccine Association Assessment Grid

FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER **JULY 1, 2023**.

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, 2023, replaces the grid last updated on July 1, 2022**. 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 **PURPLE COLUMN is the assessment amount per dose as of July 1, 2023**.

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount per dose from 07/01/2022 to 06/30/2023	For Reference: CDC Private Sector Cost/Dose 04/01/2023	WVA Assessment Amount per dose from 07/01/2023 to 06/30/2024	Percent Change 07/01/2022 to 07/01/2023
Hepatitis A							
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	\$36.92	\$22.79	10.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$36.66		
Hepatitis B							
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	\$26.35	\$13.79	10.0%
	00006-4093-02 (10 pack – 1 dose syringe)						
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®		\$27.36		
Rotavirus							
90680	00006-4047-41 (10 pack – 1 dose tube)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$72.04	\$93.19	\$79.24	10.0%
	00006-4047-20 NEW 4.25.2023 (25 pack – 1 oral dose)						
90681	58160-0854-52 (10 pack – 1 dose vial)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$97.88	\$134.72	\$107.67	10.0%
	58160-0740-21 (10 pack – 1 oral dose)				\$130.82		



Is a DBA Required?

Only those vaccines listed on the WVA's [Vaccine Assessment Grid](#) require a DBA to be submitted for children under age 19 who are commercially insured.

YES!

- ✓ Child is less than 19 years old
- ✓ Child is commercially insured (V25)
- ✓ Vaccine is on the WVA's Vaccine Assessment Grid

NO

- ⊘ American Indian/Alaska Native Child (V04)*
- ⊘ Medicaid Child/Apple Health (V02)
- ⊘ Uninsured Child (V03)
- ⊘ Under-insured Child served at FQHC/RHC (V05)
- ⊘ CHIP Child (V22)

*If a member of a Tribal health plan is not a Tribal member and they have commercial insurance coverage, a DBA is required.

The DOH Eligibility Grid provides the information you will need to determine the correct eligibility status. It can be found [here](#).

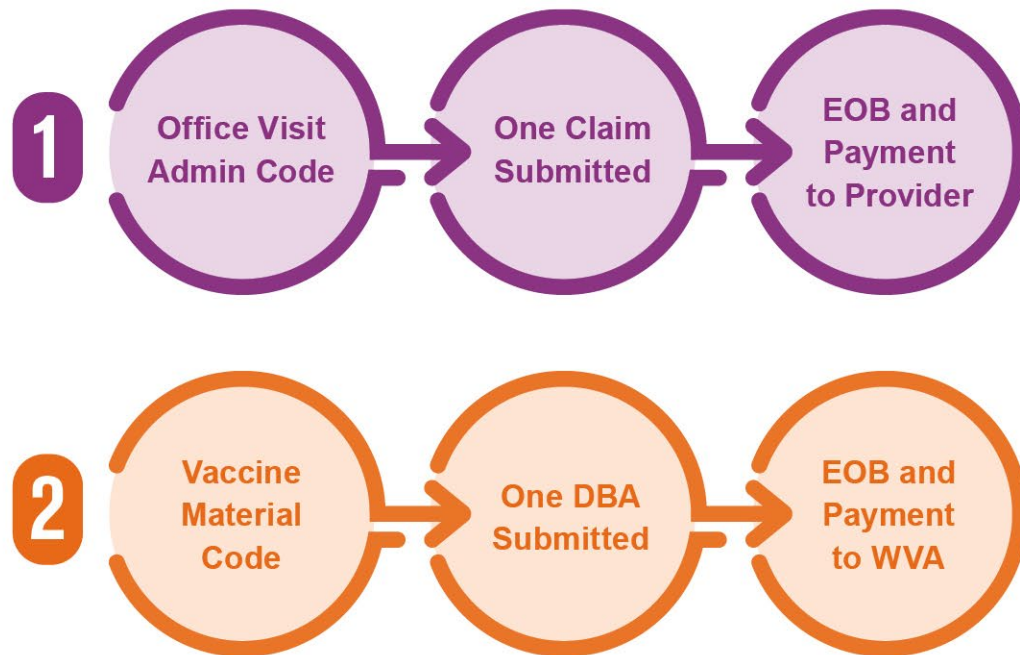
WASHINGTON STATE CVP			
Childhood Vaccine Program			
Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description
Under-insured Child served at FQHC/RHC <ul style="list-style-type: none">Child is less than 19 years oldHas insurance but it does not cover vaccineServed at a Federally Qualified Health Center/Rural Health Center	Yes Federal (VFC) vaccine eligible only through FQHC/RHC	V05 VFC eligible – Underinsured at FQHC/RHC	VXC51 Publicly funded vaccine stock – VFC
CHIP Child <ul style="list-style-type: none">Child is less than 19 years oldEnrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHP)Part of Apple Health*	Yes State (Non-VFC) vaccine eligible	V22 State vaccine eligible – CHIP	VXC52 Publicly funded vaccine stock – Non- VFC
Insured Child <ul style="list-style-type: none">Child is less than 19 years oldHas insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc.Has insurance but does not cover vaccine and is receiving care at a <u>non</u>-FQHC/RHC	Yes State (Non-VFC) vaccine eligible	V25 (previously V10) State vaccine eligible – Private Insurance	VXC52 Publicly funded vaccine stock – Non- VFC



How to File

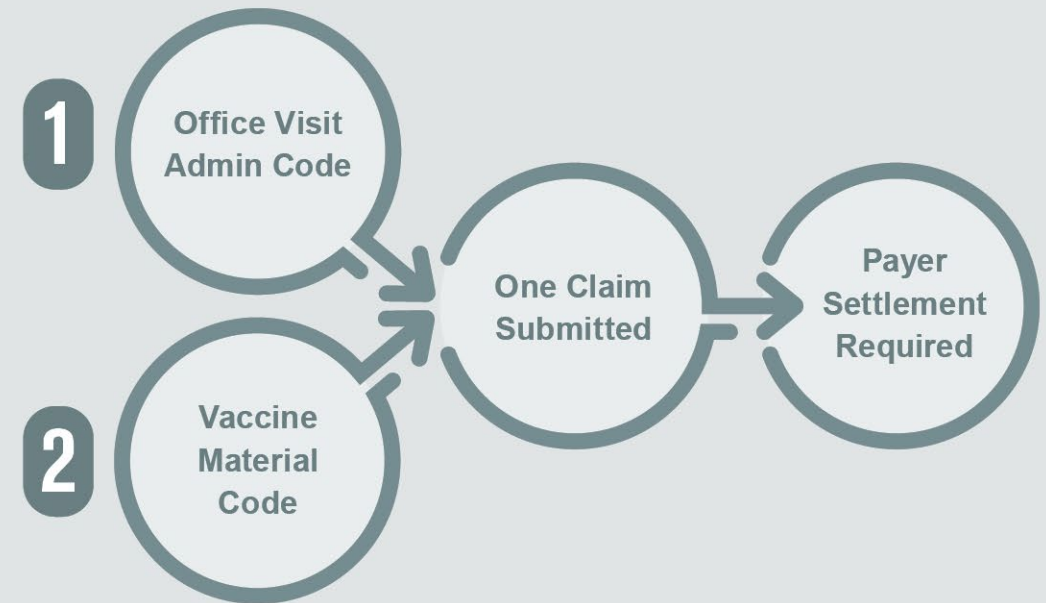
PREFERRED

AUTOMATIC SPLIT CLAIM



NOT RECOMMENDED

COMBINATION CLAIM



» Clinics should move to Automatic Split-Claim



Sample DBA Submissions

See [Provider Billing Guide](#) for detailed instructions.



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) 02/12

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA ☐ OTHER ☐
(Medicare) (Medicaid) (DoD/DoD) (Member ID#) (ID#) (ID#) (ID#) (ID#) (ID#)

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

10. CLAIM CODES (Designated by NUCC)

11. AUTO ACCIDENT? ☐ YES ☐ NO ☐

12. INSURED'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) QUAL. FROM MM DD YY TO MM DD YY

15. OTHER DATE QUAL. FROM MM DD YY TO MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☐ NO ☐

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EXERCISE PERIOD I. ID. QUAL. J. RENDERING PROVIDER ID. #

1 09 01 23 09 01 23 11 99392 25 A 250.98 1 NPI Service provider NPI

2 09 01 23 09 01 23 11 90460 AB 100.00 4 NPI Service provider NPI

3 09 01 23 09 01 23 11 90461 AB 57.14 2 NPI Service provider NPI

4

5

6

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? ☒ YES ☐ NO 28. TOTAL CHARGE \$ 408.12 29. AMOUNT PAID \$ 30. Rvd for NUCC Use

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.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI

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

Complete Administration Claim as would occur with a normal claim.

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.

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

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA ☐ OTHER ☐
(Medicare) (Medicaid) (DoD/DoD) (Member ID#) (ID#) (ID#) (ID#) (ID#) (ID#)

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

10. CLAIM CODES (Designated by NUCC)

11. AUTO ACCIDENT? ☐ YES ☐ NO ☐

12. INSURED'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) QUAL. FROM MM DD YY TO MM DD YY

15. OTHER DATE QUAL. FROM MM DD YY TO MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? ☐ YES ☐ NO ☐

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EXERCISE PERIOD I. ID. QUAL. J. RENDERING PROVIDER ID. #

1 58160081811 09 01 23 09 01 23 11 90648 10.41 1 NPI Service provider NPI

2 00006468100 09 01 23 09 01 23 11 90707 A 23.95 1 NPI Service provider NPI

3 00005197102 09 01 23 09 01 23 11 90670 A 159.32 1 NPI Service provider NPI

4 00006482700 09 01 23 09 01 23 11 90716 A 121.31 1 NPI Service provider NPI

5

6

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? ☒ YES ☐ NO 28. TOTAL CHARGE \$ 314.99 29. AMOUNT PAID \$ 30. Rvd for NUCC Use

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.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI

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

Complete similarly to Administration Claim, but with some adaptations.

837 DBA Submissions Preferred

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 insurers and TPAs) via your electronic claims clearinghouse — NOT to WVA.

DBA 837 Professional Sample						
	B	C	D	E	F	G
	X12N 837, Version 5010A1	Segment/	Element	Qualifier	Qualifier Description	Data for WVA DBA Process
	Claim - Field Description	Loop				CMS-1500 Box Crosswalk
1	Billing Provider	2010AA	REF01	E1	For EIN	None
	Federal Tax ID Number (TIN)	2010AA	REF02		27-2251833	Box 25
2	Billing Provider Information	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
	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
3	Patient Account Number	2300	CLM01			Box 26
	Total Charge	2300	CLM02		Total Charge Amount	Box 26
	Provider Signature Indicator	2300	CLM05-1	11	Office	Box 24B
	Note	2300	CLM06	Y	Yes	Box 31
	Note Reference Code	2300	NTE		Indicates additional information for claim	None
	Note Text	2300	NTE01	ADD		Box 19
		2300	NTE02		Enter any free text notes about the claim	Box 19
4	Rendering Provider Name	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
5	Service Facility Location Information	2310C				None
	Service Facility Identifier	2310C	NM101	77	Service Location	None
	Service Facility Type	2310C	NM102	2	Non-Person Entity	None
	Service Facility Name	2310C	NM103		Use Office Address of Service Facility	Box 32
6	Service Line, Service Date(s)	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
7	Procedures, Services, Supplies	2400	SV1			None
	Product/Service ID	2400	SV101-1	HC	Standard CPT Code	None
	Procedure-CPT/HCPCS Code	2400	SV101-2			Box 24D
8	Line Item \$ Charge Amount	2400	SV102			Box 24F
9	Drug Identification	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

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

Questions? We are here to help!

You can find many answers by visiting our FAQs page ([wavaccine.org/faqs](https://www.wavaccine.org/faqs)), calling 1-888-928-2224, or emailing info@wavaccine.org.

Inpatient Hospital DBAs

» Hospitals receiving state supply vaccine for patients under 19 will be required to submit DBAs no later than July 1, 2024

» Hospital place of service codes include:

*Place of Service (POS) Codes

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

» A billing guide specific to hospitals can be found on the WVA website: [Inpatient Hospital Assessment Requirements | Washington Vaccine Association \(wavaccine.org\)](https://www.wavaccine.org/inpatient-hospital-assessment-requirements)

» Hospitals with questions should email compliance@wavaccine.org

» Inpatient Hospital Assessment Billing Guidance



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 [Erie 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.

Continued on back »

Learn More

Visit the [Childhood Vaccine Program Training webpage](#) for training announcements and opportunities.



The screenshot shows the Washington State Department of Health website. The header includes the logo, navigation links (About Us, Contact Us), and a search bar. The main navigation bar has categories: You & Your Family, Community & Environment, Licenses, Permits, & Certificates, Data & Statistical Reports, Emergencies, and For Public Health & Health Care Providers. The left sidebar lists links under 'In this section': Childhood Vaccine Program, Childhood Vaccine Program Training, Online Accountability Reporting, Order Immunization Materials, Patient Eligibility, Provider Enrollment, Publicly-Supplied Vaccines, Storage and Handling, and Vaccine Ordering. The main content area is titled 'Childhood Vaccine Program Training' and includes a description, upcoming webinar opportunities for February 16, 2023, and recorded webinars from January 19, 2023, and December 15, 2022.

Childhood Vaccine Program Training

This page includes Childhood Vaccine Program training announcements and opportunities. These trainings are for health care providers, local public health, and immunization staff.

Upcoming webinar opportunities

February 16, 2023 – CVP Training Series: Provider Agreement Renewal Process
Intended Audience: Providers and Vaccine Coordinators

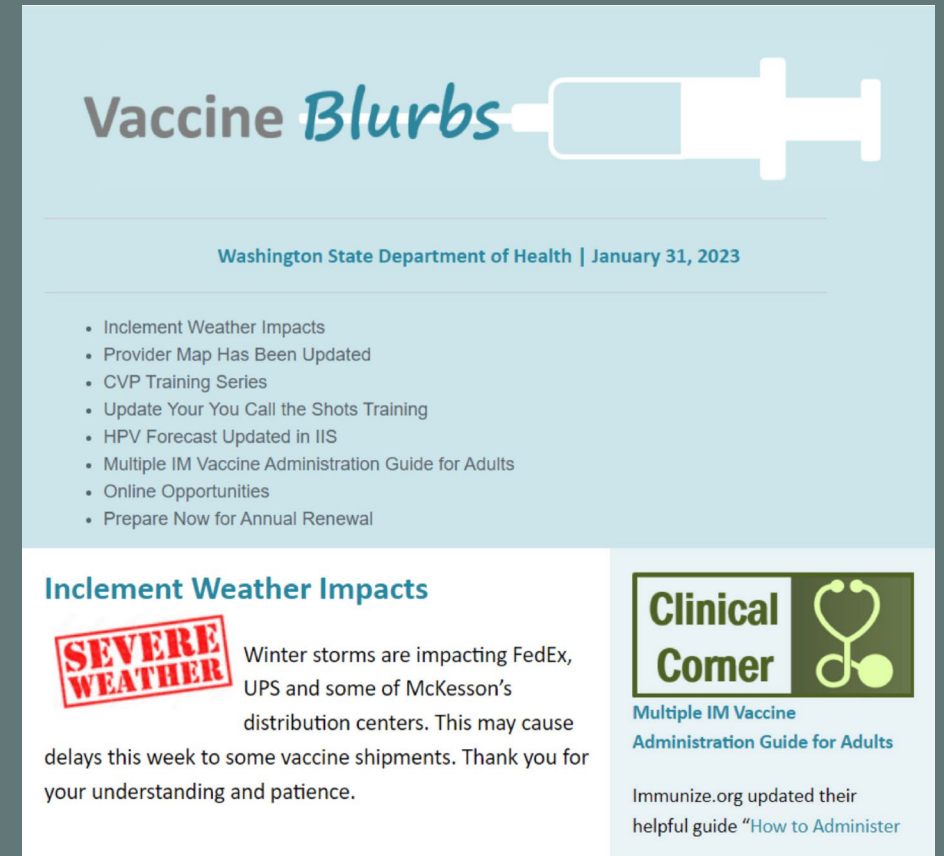
- [Join the Training Session](#)
- Meeting ID: 847 6067 1379
- Passcode: 421452

Recorded webinars

- January 19, 2023 – CVP Training Series: Review of Returns Process, Vaccine Loss Policy [Video](#) | [PDF](#)
- December 15, 2022 – CVP Training Series: Temperature Monitoring, Ordering & Receiving Vaccine, & Monthly Inventory Reports [Video](#) | [PDF](#)

Sign Up with WA DOH

Sign up for the Vaccine Blurbs:
WACHildhoodVaccines@doh.wa.gov



The screenshot shows an email newsletter titled 'Vaccine Blurbs' with a syringe icon. It is dated January 31, 2023, from the Washington State Department of Health. The newsletter lists several updates: Inclement Weather Impacts, Provider Map Has Been Updated, CVP Training Series, Update Your You Call the Shots Training, HPV Forecast Updated in IIS, Multiple IM Vaccine Administration Guide for Adults, Online Opportunities, and Prepare Now for Annual Renewal. There are three main sections: 'Inclement Weather Impacts' with a 'SEVERE WEATHER' stamp, 'Clinical Corner' featuring the 'Multiple IM Vaccine Administration Guide for Adults', and a note about Immunize.org updating their 'How to Administer' guide.

Vaccine Blurbs

Washington State Department of Health | January 31, 2023

- Inclement Weather Impacts
- Provider Map Has Been Updated
- CVP Training Series
- Update Your You Call the Shots Training
- HPV Forecast Updated in IIS
- Multiple IM Vaccine Administration Guide for Adults
- Online Opportunities
- Prepare Now for Annual Renewal

Inclement Weather Impacts

SEVERE WEATHER Winter storms are impacting FedEx, UPS and some of McKesson's distribution centers. This may cause delays this week to some vaccine shipments. Thank you for your understanding and patience.

Clinical Corner

Multiple IM Vaccine Administration Guide for Adults

Immunize.org updated their helpful guide "[How to Administer](#)"

Resources

» Washington State Department of Health

- [WA DOH Eligibility Guide](#)

» Washington Vaccine Association

- [News & Notices](#)
- [WVA Private Insurance Assessment Billing Provider Guide](#)
- [WVA Inpatient Hospital Billing Guide](#)
- [WVA Vaccine Assessment Grid](#)
- [WVA Health Insurers & TPAs Compliance Guide](#)

» Medicaid

- [Medicaid Billing Guide](#)
- [Medicaid ProviderOne Guide](#)

Stay Connected

Sign up to stay informed by going to:
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WASHINGTON VACCINE ASSOCIATION