



## Private Insurance Assessment Billing

# OUTPATIENT PROVIDER GUIDE



# What We Do

## Ensuring Funds for Childhood Vaccines

### 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.

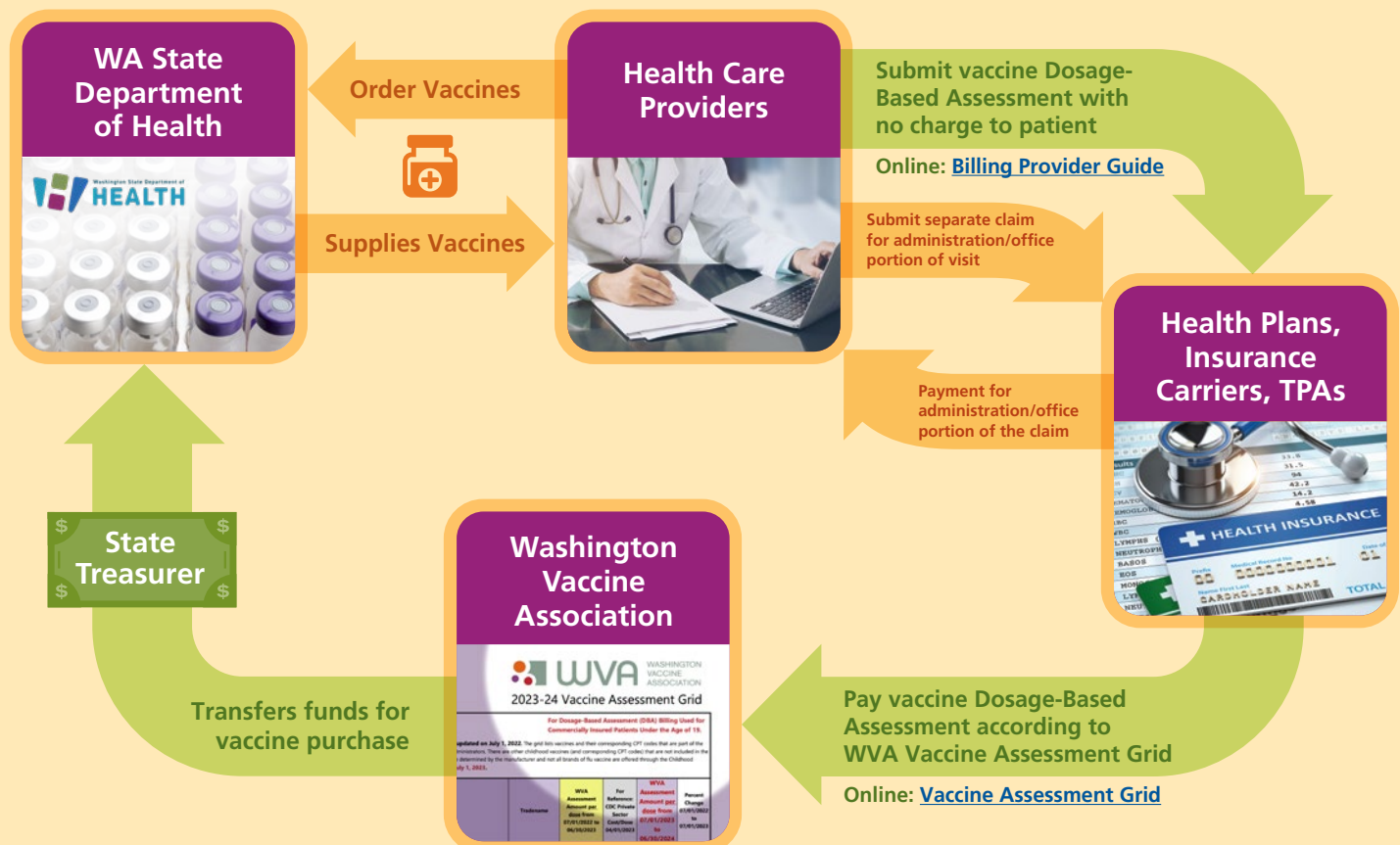
### THE WVA MAKES IT POSSIBLE FOR:

- 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.

### 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.

## HOW FUNDING WORKS







Working with the Washington Vaccine Association to ensure that your office bills correctly for vaccines for commercially insured children under 19 is EASY! There are four primary steps to understand:



\*Or use HCFA/CMS-1500

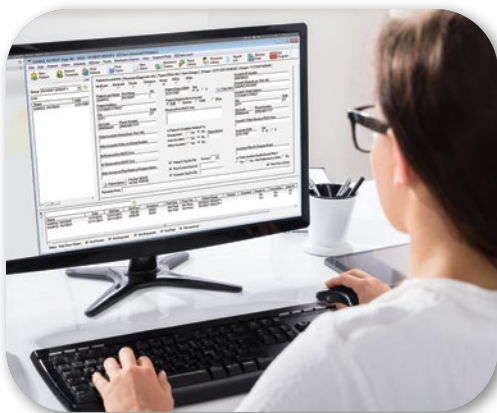
- ✓ Use this checklist to achieve compliance with the Dosage-Based Assessment (DBA) requirements of the Washington Vaccine Association (WVA).
- ✓ Ensure billing systems are setup correctly. Provider compliance with the DBA process is necessary to ensure funds from health insurers and third-party administrators (TPAs) are paid to the WVA, which are then used by the WA Department of Health (WA DOH) to purchase state-supplied vaccines for provider practices.
- ✓ The provider practice should review and understand the DBA process as outlined on pages 5-7, as well as any requirements noted in your practice's Childhood Vaccine Program (CVP) agreement with the WA DOH.



## 1 ENROLL IN WA DOH CVP

- ☐ Provider practices should ensure they are enrolled in the WA DOH CVP if state-supplied vaccine material is being used. For more information on program enrollment or re-enrollment, contact 360-236-2VAX or [WVChildhoodVaccines@doh.wa.gov](mailto:WVChildhoodVaccines@doh.wa.gov). While the WVA works closely with the WA DOH, CVP enrollment and annual re-enrollment is managed by the WA DOH.

Continued »



SAMPLE DBA



WVA ELIGIBILITY FOR WA DOH CVP

## 2 SET UP ELECTRONIC BILLING (EDI 837)

Electronic billing is the fastest, easiest way to submit DBAs.

☐ Provider practices should submit DBAs electronically and notify their claim clearinghouse or electronic medical records vendor of the WVA's name, TIN (27-2251833), and NPI (1699092718) as the billable provider/pay-to entity, alongside the provider phone number. Refer to page 6 for detailed instructions on how to complete the DBA. (Some providers still use the HCFA/CMS-1500 paper claim form to complete the DBA as shown on page 7.)

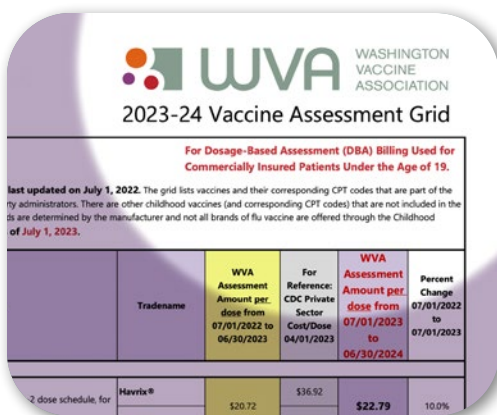
☐ Each July 1, provider practices should update their billing system fee schedule with the correct CPT codes, NDC codes, and vaccine material amounts found on the WVA's Vaccine Assessment Grid ([wavaccine.org/assessment-grid/](http://wavaccine.org/assessment-grid/)). The Grid amount becomes the DBA charge amount. Submitting the correct Grid amount on the DBA is required for the WVA to receive the correct payments from the health insurer or TPA. Incorrect amounts result in reprocessing and additional expense to the provider. The date of service determines which year's Grid amount to use.

☐ Provider practices should *not* submit an EDI clearinghouse application (e.g., Change Healthcare, CAQH, Zelis, PaySpan, PNC, ECHO, Office Ally, InstaMed, and OptumPay) using the WVA's TIN (27-2251833) and NPI (1699092718). Doing so may misroute payment intended for the WVA to the provider. If this has been done in error, please notify the WVA by email at [EDI@wavaccine.org](mailto:EDI@wavaccine.org).

## 3 VERIFY PATIENT ELIGIBILITY

DBAs should only be submitted for commercially insured patients under age 19 covered by health insurers and TPAs. DBAs should *not* be submitted for uninsured, Apple Health, Tribal, under-insured served at FQHCs/RHCs, or CHIP covered patients (see page 5).

☐ The WA DOH requires each provider to screen and document each patient's eligibility status at every immunization visit. More information is found on page 5. Consult the latest version of the WA DOH's Eligibility for Publicly Funded Vaccines: A Guide for Providers ([doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-577-EligibilityPubliclyFundedVaccinesGuide.pdf?uid=6259b6112ad85](http://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-577-EligibilityPubliclyFundedVaccinesGuide.pdf?uid=6259b6112ad85)) to ensure the appropriate payer is billed. This document provides guidance on choosing the correct patient eligibility status, the related IIS coding, and general billing guidelines for children receiving publicly supplied vaccine.



**2023-24 Vaccine Assessment Grid**

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

last updated on July 1, 2022. The grid lists vaccines and their corresponding CPT codes that are part of the primary administration. There are other childhood vaccines (and corresponding CPT codes) that are not included in the grid as they are determined by the manufacturer and not all brands of flu vaccine are offered through the Childhood Immunization System of July 1, 2023.

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
2 dose schedule for Havrix®	\$20.72	\$36.92	\$22.79	10.0%

## 4 SUBMIT DOSAGE-BASED ASSESSMENT (DBA)

Billing systems should be set up with the correct vaccine charge amount in accordance with the WVA Vaccine Assessment Grid ([wavaccine.org/assessment-grid/](http://wavaccine.org/assessment-grid/)). The DBA is submitted *separately* from the office visit/administration claim.

☐ Complete an administrative claim and a DBA, whether electronically (preferred) or by paper. One is for the administration claim and one is for the DBA (state-supplied vaccine material). The provider is the "pay to" for the administration claim and the WVA (TIN 27-2251833) is the "pay to" for the DBA.

☐ Do not collect patient co-pays, co-insurances, or deductibles for the vaccine material portion of the visit as there is no patient responsibility due. Provider practices should not bill patients for state-supplied vaccine material, and statements and accounts should not reflect a patient balance for this material. The WVA can only exchange funds in terms of payments and refunds with health insurers and TPAs, not with patients or providers.

☐ If the administration and/or DBA is denied for incorrect provider demographics 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 health insurer or TPA.** The WVA relies on providers to pursue payment of the DBA for the vaccine material to the full extent they pursue payment of the administration claim. If a provider is denied their administration claim and rebills it, they should also correct the DBA and resubmit to the payer. The WVA does not submit claims directly to health insurers and TPAs and relies on correct DBA processing to maintain program funding.

☐ Provider practices should have systems in place to ensure they do not receive payment in error for vaccine material from commercial health insurers or TPAs. **If payment for vaccine material to the provider is discovered, the provider should contact the WVA in addition to the health insurer or TPA to reprocess the DBAs correctly, resulting in health insurers and TPAs taking back the payment from the provider and providing correct payment to the WVA.**

\* Ensure that the [Grid](#) amount as of the date of service is submitted as the DBA charge amount.

\* The modifier SL should never be used with the WVA DBA process. The modifier may be required by traditional and managed Medicaid plans that do not require a WVA DBA.

\* If you purchase vaccines on the private market, no DBA is required. Notify the WA DOH and the WVA of the vaccines and quantities purchased privately at [compliance@wavaccine.org](mailto:compliance@wavaccine.org).

## QUESTIONS?

Questions about the DBA process may be directed to the Washington Vaccine Association: [info@wavaccine.org](mailto:info@wavaccine.org) | 1-888-928-2224

Questions about CVP enrollment or vaccine procurement may be directed to the WA DOH: [WACHildhoodVaccines@doh.wa.gov](mailto:WACHildhoodVaccines@doh.wa.gov) | 360-236-2VAX





# Is a DBA Required?

Only those vaccines listed on the WVA's Vaccine Assessment Grid ([wavaccine.org/assessment-grid](http://wavaccine.org/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.


Per the Washington Department of Health, CVP-enrolled provider practices are required to screen and document patient eligibility status at every visit prior to vaccine administration. This ensures vaccines are allocated and billed correctly. The WA DOH CVP Eligibility Grid references the various eligibility statuses. The Washington Vaccine Association requires the Dosage-Based Assessment (DBA) submission only when the "Insured Child Criteria" on the WA DOH CVP Eligibility Grid is met.

WASHINGTON STATE

CVP

## Childhood Vaccine Program



Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
<b>Under-insured Child served at FQHC/RHC</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Has insurance but it does not cover vaccine</li> <li>Served at a Federally Qualified Health Center/Rural Health Center</li> </ul>	Yes Federal (VFC) vaccine eligible only through FQHC/RHC	V05 VFC eligible – Underinsured at FQHC/RHC	VXC51 Publicly funded vaccine stock – VFC	No	<ul style="list-style-type: none"> <li>Cannot bill for cost of vaccine</li> <li>May issue only a single bill within 90 days for admin fee up to \$23.44 per vaccine dose</li> <li>Cannot send unpaid admin fee to collections</li> </ul>
<b>CHIP Child</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Enrolled in the Children's Health Insurance Program (CHIP) or Washington State Child Health Insurance Program (CHP)</li> <li>Part of Apple Health*</li> </ul>	Yes State (Non-VFC) vaccine eligible	V22 State vaccine eligible – CHIP	VXC52 Publicly funded vaccine stock – Non- VFC	No	<ul style="list-style-type: none"> <li>Bill according to Health Care Authority (HCA) and/or Managed Care Organization (MCO) guidelines</li> <li>Reimbursement determined by HCA/MCO</li> <li>Contact HCA/MCO for billing questions</li> </ul>
<b>Insured Child</b> <ul style="list-style-type: none"> <li>Child is less than 19 years old</li> <li>Has insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc.</li> <li>Has insurance but does not cover vaccine and is receiving care at a <u>non</u>-FQHC/RHC</li> </ul>	Yes State (Non-VFC) vaccine eligible	V25 (previously V10) State vaccine eligible – Private Insurance	VXC52 Publicly funded vaccine stock – Non- VFC	Yes	 <ul style="list-style-type: none"> <li>Bill Dosage-Based Assessment per insurer and <a href="http://www.wavaccine.org">WVA guidance</a></li> <li>Contact WVA for billing instructions (<a href="http://www.wavaccine.org">http://www.wavaccine.org</a>)</li> <li>Cannot send to collections for unpaid administration fee (including patients out of network &amp; with high deductibles)</li> </ul>

Entire Grid is online at: [doh.wa.gov/sites/default/files/legacy/Documents/Pubs//348-577-EligibilityPubliclyFundedVaccinesGuide.pdf](http://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//348-577-EligibilityPubliclyFundedVaccinesGuide.pdf)

# ELECTRONIC FILING OF DBA

# Crosswalk Guide for DBA Electronic Submission

## 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 Claim - Field Description	Loop	Segment/ Element	Qualifier	Qualifier Description	Data for WVA DBA Process	CMS-1500 Box Crosswalk
1	<b>Billing Provider</b>						
	Federal Tax ID Number (TIN)	2010AA	REF01	E I	For EIN		None
	TIN	2010AA	REF02			27-2251833	Box 25
2	<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
3	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
	Pay-To ZIP Code	2010AB	N403				None
4	<b>Patient Account Number</b>	2300	CLM01				Box 26
	Total Charge	2300	CLM02			Total Charge Amount	Box 28
	<b>Place of Service</b>	2300	CLM05-1	11	Office		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
5	<b>Note Text</b>	2300	NTE02			State Vaccine Only	Box 19
	<b>Diagnosis Code</b>	2300	HI				Box 21
	<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
6	Identification Code Type	2310B	NM108	XX	NPI		None
	Identification Code Type	2310B	NM109			Rendering Provider's NPI #	Box 24J
	<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
7	Service Facility Type	2310C	NM102	2	Non-Person Entity		None
	Service Facility Name	2310C	NM103				Box 32
	<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
8	<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
	Line Item \$ Charge Amount	2400	SV102				Box 24F
9	<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](https://www.wavaccine.org/faqs) ([wavaccine.org/faqs](https://www.wavaccine.org/faqs)), by calling us at 1-888-928-2224, or emailing us at [info@wavaccine.org](mailto:info@wavaccine.org).

# FILING DBA BY MAIL

# Filing Basics for DBA HCFA/CMS-1500

Providers only need to submit DBAs for state-supplied vaccine material for privately-insured patients under the age of 19, and will complete two separate HCFA/CMS-1500s (or 837s): one for Administration Claim and one for the Dosage-Based Assessment (DBA). Payers expect electronic submission unless provider has made other arrangements directly.

## STEP 1

### Complete Administration Claim (HCFA/CMS-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 material codes on provider's administration claim even at a zero or penny charge. Vaccine material should only be billed on the DBA.
- ★ **Billing Tip:** Submit to Payer. NOT to WVA.

## STEP 2

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

- ★ **First:** Download the Vaccine Assessment Grid!  
[wavaccine.org/assessment-grid/](http://wavaccine.org/assessment-grid/)

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

- Box 19:** Enter "State vaccine only."
- Box 21:** Vaccine encounters use Z23 as the diagnosis code. 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 24d:** Enter CPT and NDC codes for the state-supplied vaccine given. (Do not include the SL modifier.)

- Box 24f:** Enter charge amount based upon the [Vaccine Assessment Grid](#) amount effective at date of service.
- Box 24j:** Enter Provider's billing NPI, not the WVA's
- Box 25:** Enter WVA 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. 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 to the payer

Submit the Administrative Claim and Dosage-Based Assessment to the payer (health insurers and TPAs).

## STEP 1: ADMINISTRATION CLAIM

**SAMPLE ADMINISTRATION CLAIM TO SUBMIT WITH DOSAGE-BASED ASSESSMENT**

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

1. MEDICARE (Medicare) (Medicaid) (TRICARE) (CHAMPVA) (GROUP PLAN) (FECA) (OTHER) (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)

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 POLICY NUMBER (Last Name, First Name, Middle Initial)

10. OTHER INSURED'S POLICY NUMBER (Last Name, First Name, Middle Initial)

11. RESERVED FOR NUCC USE

12. PATIENTS 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 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.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM DD YY)

15. OTHER DATE (MM DD YY)

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? (YES NO) \$ CHARGES

21. PRIOR AUTHORIZATION NUMBER

22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE (FROM TO) (MM DD YY) B. CPT/HCPCS C. MODIFIER D. PROCEDURES, SERVICES, OR SUPPLIES (E. DIAGNOSIS POINTER F. CHARGES 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. 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. KK. 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.

25. FEDERAL TAX ID NUMBER (SSN EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES NO) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. REVENUE FOR NUCC USE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (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 & PI #

SIGNED DATE

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## STEP 2: DOSAGE-BASED ASSESSMENT

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

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

1. MEDICARE (Medicare) (Medicaid) (TRICARE) (CHAMPVA) (GROUP PLAN) (FECA) (OTHER) (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)

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 POLICY NUMBER (Last Name, First Name, Middle Initial)

10. OTHER INSURED'S POLICY NUMBER (Last Name, First Name, Middle Initial)

11. RESERVED FOR NUCC USE

12. PATIENTS 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 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.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM DD YY)

15. OTHER DATE (MM DD YY)

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

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

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

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? (YES NO) \$ CHARGES

21. PRIOR AUTHORIZATION NUMBER

22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

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Olympia, Washington 98504-7843

UPDATED MAY 2025

*Ensuring Funds for Childhood Vaccines*