



## September 10, 2025 | Payer Operations Meeting

Patrick Miller, Administrative Director  
Terri Perkins, Senior Client Support Specialist

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# Call Agenda

- » Welcome and Meeting Purpose
- » WVA Introduction
- » Payer and Provider Compliance
- » Q&A

# WVA Introduction

# 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 under age 19 to have access to recommended vaccines.
- » 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.
- » Payers to participate in an efficient, cost-effective system to facilitate childhood vaccinations at no cost to their members.

# Payer and Provider Compliance

# WVA Compliance Framework

## GOAL: Payer DBA Compliance

- » Payer DBA Accuracy
- » Payer Equity

## GOAL: Provider DBA Compliance

- » Provider DBA Accuracy
- » Provider Education
- » Provider Onboarding Consistency

## GOAL: Supply Chain Efficiency

- » Efficient Inventory Levels
- » Reduce Expired Doses
- » Waste & Return Accountability
- » Provider Technical Assistance

*Supported by*  
Policy, Information Management, Analytics, and Operations

# Payer Compliance in Action

- » WVA is Here to Work With Payers on Compliance
  - » Ensure Payers Have What They Need for Adherence to Grid Amounts
  - » Ensure Information is Clear and Concise for Implementation
  - » Continue to Connect With Payers to Ensure/Obtain Correct Reimbursement
  - » Understand Any Payer Roadblocks Impacting DBA Processing
- » Contact: Terri Perkins, Senior Client Support Specialist,  
[tperkins@wavaccine.org](mailto:tperkins@wavaccine.org) or [compliance@wavaccine.org](mailto:compliance@wavaccine.org)



# Tools for Payers



<https://wavaccine.org/wva-health-insurers-tpas-compliance-guide/>



UPDATED OCT 1, 2025

## 2025-26 Vaccine Assessment Grid

### PRINTABLE ASSESSMENT GRID TAB

Washington Vaccine Association Assessment Grid  
 FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2025.

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, 2025, replaces the grid last updated on July 1, 2024.** 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 ORANGE COLUMN with per dose amount in red is the assessment amount per dose as of July 1, 2025.**

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount Per Dose from 07/01/2024 to 06/30/2025	For Reference: CDC Private Sector Cost Per Dose 04/01/2025	WVA Assessment Amount Per Dose from 07/01/2025 to 06/30/2026	Percent Change 07/01/2024 to 07/01/2025
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®	\$29.54	\$39.13	\$36.63	24.0%
	00006-4095-02 (10 pack – 1 dose syringe)		Vaqta®		\$38.85		
Hepatitis B							
90744	00006-4093-02 (10 pack – 1 dose syringe)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Recombivax HB®	\$18.19	\$27.91	\$22.56	24.0%
	58160-0820-52 (10 pack – 1 dose syringe)		Engerix B®		\$29.25		
Rotavirus							
90680	00006-4047-41 (10 pack – 1 oral dose)	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	RotaTeq®	\$86.67	\$98.82	\$93.88	8.3%
	00006-4047-20 (25 pack – 1 oral dose)						
90681	58160-0740-21 (10 pack – 1 oral dose)	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	Rotarix®	\$115.56	\$147.02	\$143.31	24.0%

<https://wavaccine.org/assessment-grid/>

# Communication Examples: Payer and Provider Bulletins

## DBAs are Statutorily Required Assessments and NOT Medical Claims

### MAY 2025 PAYER BULLETIN

#### KEY COMPLIANCE REMINDERS

**When is DBA a Required:** The dosage-based assessment (DBA) is required for any commercially-covered child under the age of 19 years who receives a vaccine listed on the WVA's [Vaccine Assessment Grid](#) from a Washington-based provider enrolled in the WA Department of Health's [Childhood Vaccine Program](#).

**Amount Due to the WVA:** The full Grid Amount that corresponds with the date of service is due in all cases. The dosage-based assessment (DBA) process fulfills an assessment from the Payer to the WVA per RCW 70.290.040.

**Patient Responsibility:** There is no patient responsibility for DBAs. No co-payments, coinsurances, or deductibles should be charged to a patient.

**Out-of-Network Denials:** There are no out-of-network (OON) denials and the WVA's TIN (27-2251833) and NPI (1699092718) should not be adjudicated to process DBAs as an OON benefit. If a provider submits a dosage-based assessment (DBA), this indicates the provider is receiving vaccines from the State and the payer pays the DBA in full.

**Hospital DBAs:** Hospitals will submit inpatient DBAs from various places of service (POS). Hospitals will submit DBAs using the CMS-1500/837P outpatient billing format. DBAs should not be denied in part or in full based upon POS. DBAs need to be paid in full and separately from all bundled inpatient charges (e.g., maternity and delivery service global fees).

**Timely Filing:** A DBA is an assessment and not a claim, therefore timely filing limits do not apply to DBAs.

**Lesser of Billed or Allowed:** Edits in payer claims systems should be turned off regarding the lesser of billed charges or allowed amounts. The allowed amount is the WVA Grid Amount which is fully due to the WVA.

**Precertification and Preauthorization:** Vaccines do not require precertification or preauthorization and as such should not be denied in part or in full.

### MAY 2025 PROVIDER BULLETIN

#### KEY COMPLIANCE REMINDERS

**When is a DBA Required:** The dosage-based assessment (DBA) is required for any commercially-covered child under the age of 19 years who receives a vaccine listed on the WVA's [Vaccine Assessment Grid](#) from a Washington-based provider enrolled in the WA Department of Health's [Childhood Vaccine Program](#).

**Verify Patient Eligibility Status:** The WA DOH requires each provider to screen and document each patient's eligibility status at every immunization visit. Consult the latest version of the WA DOH's [Eligibility for Publicly Funded Vaccines: A Guide for Providers](#).

**DBA Billed Amount:** The full WVA [Vaccine Assessment Grid](#) amount that corresponds to the vaccine product code NDC# and the date of service is due in all cases.

**No Patient Responsibility:** There is no patient responsibility for DBAs. No co-payments, coinsurances, or deductibles should be collected from a patient.

**NO SL Modifier on DBA:** Do not use the SL modifier for any DBA. It is only used for state-supplied vaccine for non-commercially insured patients (e.g., AppleHealth).

**Hospital DBAs:** Hospitals will submit inpatient DBAs from various places of service (POS). Hospitals will submit DBAs using the CMS-1500/837P outpatient billing format. DBAs should be submitted separately from all bundled inpatient charges (e.g., maternity and delivery service global fees).

**Rebill DBA When Administration Claim is Denied:** If a provider receives a denial for an administration claim billed alongside a DBA, the provider should rebill the DBA when it resubmits the administration claim.

# DBA Issues From Recent Compliance Reviews

## TIMELINE

- » May 2025: Payer Bulletin Issued With New Assessment Grid
- » May 2025: Respiratory DBA Compliance Analysis
- » Sep 2025: DBA Compliance Analysis for 16 Payers
- » Q4 2025: Moving to More Timely, Quarterly Reports

## ISSUES SEEN

- » Provider DBA Submission Education Opportunities
- » Full Grid Amount Not Paid to WVA
- » Incorrect Full and Partial Denials Due To:
  - » Patient Cost-Sharing (e.g., deductibles, co-pays, coinsurance, benefit maximums, etc.)
  - » Out-of-Network Restrictions
  - » Timely Filing Limits
  - » Referral or Pre-Certification Requirements
  - » Experimental Codes
  - » Home/Host Plan Processing Issues

DBAs are Statutorily Required<sup>1</sup> Assessments and NOT Medical Claims

<sup>1</sup> <https://app.leg.wa.gov/RCW/default.aspx?cite=70.290>

# Payer Compliance Reporting Process

## 1 WVA Issues Quarterly (Receipt Date) Payer Compliance Reports

- » Requested TAT to Respond – 2 Weeks

- » Proposed Report Fields:

Payee	Payer Name	Payer CCN	Remit Date	Check Trace Number	Patient Name	DOS	Proc Code	Vaccine Type	Units	Claim Status	Proc Code Grid Amount	Billed Amount	Payment Amount	CARCs	CARC Desc.	RARCs	WVA Requested Action
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## 2 Payer Responses to Include:

- » Display/Call Out of Providers Appearing to Incorrectly Submit DBAs

- » Notification of Reprocessed Volume and Fiscal Impact

## 3 Payer Notification to WVA of Reprocessed DBAs:

- » Provide WVA With Detailed File Post-Reprocessing

## 4 Payer Settlement Report Option

# Provider Compliance: DBA Submission Errors

- » New Provider Compliance Report in Q4 2025
- » Based Upon DBA 835 Data Combined with WA DOH Provider Data
- » Eight (8) Issue Types Impacting DBA Payment
- » Monthly Production; In Development Now for Q4 2025
- » Provider Technical Assistance via WVA Staff
- » Issue: WVA Does Not Received Provider NPI From All Payers

Issue Code	Issue Type
B01	Billing Incorrect Modifier
B02	Billing Incorrect Grid Amt
B03	Billing Invalid CPT Code
B04	Billing Incorrect POS
B05	Payee EIN Not Equal WVA
B06	Payee Name Not Equal WVA
B07	Wrong NPI: Provider NPI = WVA NPI
B08	Inappropriate Age

# Q&A

# Stay Connected

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

[info@wavaccine.org](mailto:info@wavaccine.org)

Ph 888-928-2224 | Fax 888-928-2242

Mailing Address:

PO Box 94002 | Seattle, WA 98124-9402

[www.wavaccine.org](http://www.wavaccine.org)