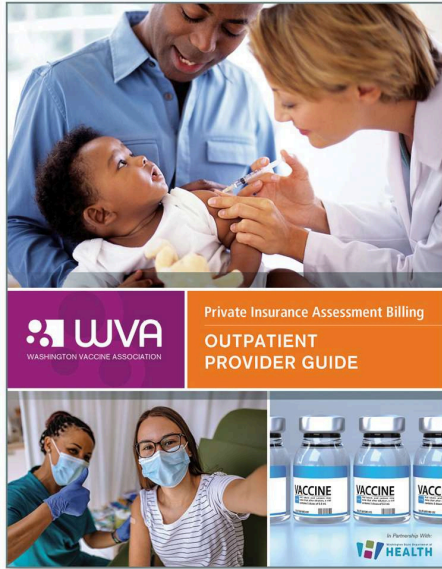


Key Documents to Support WVA Billing

WVA Billing Guide



<https://tinyurl.com/ycxh5dhp>



WA DOH Eligibility Grid

WASHINGTON STATE - OFFICE OF IMMUNIZATION
Adult and Childhood Vaccine Programs

Washington State Department of HEALTH

Adult Vaccine Program: wadultvaccines@doh.wa.gov Childhood Vaccine Program: wchildhoodvaccines@doh.wa.gov | (360) 236-2829

Patient Eligibility Status	Eligible for Public Vaccine	IIS Eligibility Code & Description	IIS Funding Code & Description	Dosage-Based Assessment?	General Billing Guidelines
Insured Child <ul style="list-style-type: none"> Child is less than 19 years old Has insurance that covers vaccine including private, commercial, employer self-funded, health benefit exchange plans, etc. (e.g. Premera, Regence, Aetna, TRICARE, PSHB). Has insurance that does not cover vaccine (i.e. underinsured) receiving care at a non-FQHC/RHC. 	Yes (Non-VFC) vaccine eligible	V25 (previously V10) CVP Eligible – Private Insurance.	VXCS2 Publicly funded vaccine stock – Non-VFC (CVP)	Yes	<ul style="list-style-type: none"> Bill Dosage-Based Assessment per insurer and WVA guidance Contact WVA for billing instructions (http://www.wavaccine.org) No patient cost-sharing allowed on the vaccines submitted on a DBA Cannot send to collections for unpaid administration fee (including patients out of network & with high deductibles)

<https://tinyurl.com/bdrr6d38>



WVA Vaccine Assessment Grid

WASHINGTON VACCINE ASSOCIATION

DRAFT APRIL 23, 2026
NDC / CPT Changes in Red Text 2026-27 Vaccine Assessment Grid

CPT Code	NDC Code / Packaging	CPT Code Description	Tradename	WVA Assessment Amount Est. Date from 07/01/2025 to 06/30/2026	For Reference: CDC Private Sector Cost Per Dose. 04/01/2026	WVA Assessment Amount Est. Date from 07/01/2026 to 06/30/2027	Percent Change 07/01/2025 to 07/01/2026
COVID-19 - CONTINUED - ALL COVID-19 GRID AMOUNTS FOR JULY 1, 2026 HAVE INCREASED; NEW NDC CODES EXPECTED LATE SUMMER 2026							
9131	20777-0113-00 (10 pack - 1 dose syringe)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine, mRNA LNP, 25 mcg/0.25 mL dosage, for intramuscular use	Spivaxac™ (Moderna) (ages 6 max - 11 yrs)	\$141.00	\$129.00	\$116.00	-17.7%
9132	20777-0127-96 (10 pack - 1 dose syringe)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine, mRNA LNP, 50 mcg/0.5 mL dosage, for intramuscular use	Spivaxac™ (Moderna) (ages 12+ yrs)	\$141.00	\$141.80	\$157.00	11.3%
RSV - Respiratory Syncytial Virus							
90380	42381-0575-15 (5 pack - 1 dose syringe)	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.5 mL dosage, for intramuscular use	Beufortus™ (50mg)	\$545.00	\$395.06	\$545.00	0.0%
90381	42381-0574-15 (5 pack - 1 dose syringe)	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 1.0 mL dosage, for intramuscular use	Beufortus™ (100mg)	\$545.00	\$395.06	\$545.00	0.0%
90678	00069-2465-01 (10 pack - 1 dose vial)	RSV, bivalent, protein subunit RSVpreF, diluent reconstituted, 0.5 mL, PF	ABRYSVOP™	\$289.10	\$319.07	\$289.10	0.0%
90684	00006-5073-01 (10 pack - 1 dose syringe)	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	Enflonisa™	\$545.00	\$556.00	\$545.00	0.0%
Hepatitis A							
90683	58160-0825-52 (10 pack - 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Havrix®	\$36.63	\$40.28	\$36.63	0.0%
	20005-2029-02 (10 pack - 1 dose syringe)	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	Vaqta®	\$36.63	\$39.24	\$36.63	0.0%
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®	\$22.56	\$28.52	\$22.56	0.0%
	58160-0820-52 (10 pack - 1 dose syringe)	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Engerix B®	\$22.56	\$30.11	\$22.56	0.0%
Rotavirus							
90694	00006-4047-41 (10 pack - 1 oral dose)	Rotavirus vaccine, pentavalent, live, oral, 2 dose schedule, for oral use	Rotarix®	\$63.00	\$63.00	\$63.00	0.0%

<https://tinyurl.com/2md6tep2>

