

Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Childhood Vaccine Program Training Series | Eligibility Screening & Billing Training Q&A March 21, 2024

Eligibility Screening

What eligibility status should be documented when a patient has private insurance and is American Indian or Alaska Native?

When an American Indian or Alaska Native patient has private insurance, the eligibility status should typically be documented as privately insured. When the patient receives vaccines from a tribal clinic, Indian Health Services clinic, or an Urban Indian Health Center, we recommend documenting the patient's eligibility status as American Indian or Alaska Native.

What eligibility status should be documented for patients under 19 with TriCare or ChampVA coverage?

The eligibility status should be documented as privately insured and a dosage-based assessment (DBA) should be submitted to the insurer, payable to the Washington Vaccine Association (WVA).

Private Insurance & Dosage-Based Assessments

Is a DBA required when a patient has 3rd party insurance and Medicaid coverage?

If the patient's primary coverage is private/commercial, a DBA is required. If the primary coverage is Medicaid, a DBA is not required and you would bill according to the [Washington State Health Care Authority's \(HCA\) guidance](#) (select the current EPSDT billing guide and view the Immunization section).

If a vaccine/product is not listed in the WVA grid, do clinics need to contact the payers to figure out how to bill?

Yes. If the patient has private/commercial insurance, you need to contact the insurer about how to code any products that are not listed on the [WVA assessment grid](#). If a product is not on the WVA Grid, a DBA is not required. However, it is unusual that vaccines/products supplied through the Washington State Childhood Vaccine Program (CVP) are not included on the grid.

If the patient has Medicaid coverage, you would need to [contact HCA](#) with any billing questions. The WVA assessment grid and DBA do not apply to Medicaid billing.

If my clinic has an issue with a particular payer, should we contact the WVA or the payer?

You should reach out to the payer directly first. It's important to maintain documentation of your outreach to the payer and provide them with the [WVA Health Insurers & Third Party Administrators Compliance Guide](#). If you cannot resolve the issue with the payer, you can [contact the WVA](#) to see if they are able to assist in generating another review by the payer.

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Do CVP-enrolled sites receive anything from insurers to inform them that the DBA was processed and paid to the WVA?

No, but you may receive error messages that tell you when claims were not processed correctly. We recommend checking that your organization's billing or technical staff can pull DBAs from your billing system to verify they are loading correctly.

What is the maximum vaccine administration fee that can be charged to insured patients with deductibles or out-of-network insurance? Is this separate from office visit fees?

If the patient's commercial insurance does not cover the vaccine administration fee due to a deductible or out of network provider, the patient can only be billed up to \$23.44 per vaccine for the administration fee. The patient can only be billed once within 90 days of service and any unpaid administration fees cannot be sent to collections.

Office visit fees are separate from vaccine administration fees, and they are not subject to the same fee limits and rules.

It may help to notify patients with out-of-network coverage that they are not responsible to pay any portion of the vaccine-specific costs on a DBA if the insurer denies payment.

Medicaid/Medicaid Managed Care Billing

Does the WVA Billing Guide & Assessment Grid apply to Medicaid & Medicaid Managed Care billing?

No, the WVA guide & assessment grid only applies when billing private/commercial plans. Medicaid and the Medicaid Managed Care Plans have different billing guidance for vaccines supplied through the CVP. See the [HCA billing guidance](#) for more information (select the current EPSDT billing guide and view the Immunization section).

Who can I contact if I have issues with Medicaid/Medicaid Managed Care Plan vaccine administration fee reimbursement?

For questions about Medicaid billing and reimbursement, email askmedicaid@hca.wa.gov or visit [contact HCA](#) for additional contact options.

Does Medicaid have specific guidance for billing COVID vaccine administration fees in pharmacies?

Yes, see the [COVID-19 Vaccine Policy](#) for billing guidance (select the most recent COVID-19 Vaccine Policy and see the sections on Pharmacy billing and the Childhood Vaccine Program).