

# Childhood Vaccine Program

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## Childhood Vaccine Program Billing Guide


This guide describes how to bill when administering vaccines provided at no cost through the **Washington State Childhood Vaccine Program (CVP)** for patients under age 19.



Billing guidelines differ based on the patient's eligibility status (i.e. the payer). For example, Medicaid billing requirements differ from private insurance.

## Medicaid

The following guidelines apply when patients are enrolled in a **Washington Apple Health (Medicaid)** program. The table below shows when to apply these billing guidelines based on the patient's **CVP eligibility status**.

Patient Eligibility Status	Follow Medicaid Billing Guidelines?
Medicaid/Medicaid Managed Care	<input checked="" type="checkbox"/>
Children's Health Insurance Program (CHIP) / WA State Child Health Insurance Program (CHP)	<input checked="" type="checkbox"/>
American Indian or Alaska Native	<input checked="" type="checkbox"/> Yes, if the patient is enrolled in an Apple Health program.
Private/Commercial Insurance 	<input type="checkbox"/>
Underinsured	<input type="checkbox"/>
Uninsured	<input type="checkbox"/>

## General Medicaid Billing Guidelines

Providers must bill **Medicaid** for covered services (e.g. vaccines) following the general billing guidelines below. **Medicaid enrolled patients cannot be billed for vaccines or vaccine administration fees.**

1. Bill the vaccine CPT code with SL modifier for payment of an administrative fee
2. Bill vaccine administration CPT code (e.g. 90471-90474) for payment of an administration fee(s)
  - Can only bill one administration CPT code per vaccine (not per antigen)
  - RSV: Bill CPT 96380 or 96381 for the administration fee
  - COVID: Bill CPT 90480 for the administration fee
  - Administration CPT codes 90460-90461 are not allowed with CVP-supplied vaccines.
3. See the most current [Medicaid EPSDT billing guide](#) (section on "How do I bill for free vaccines for clients age 18 and younger?") for more detailed information.
4. Refer to the [Enhanced Pediatric Fee Schedule](#) (under Physician-Related/Professional Services) for a list of maximum allowable fees by CPT code.

## Medicaid Vaccine & Vaccine Administration Coding

This is an example of how to code a Medicaid claim when a patient under 19 receives two vaccines during the same visit that were supplied through the Childhood Vaccine Program. In this example, the patient received the Vaxelis® (DTaP-IPV-Hib-HepB) vaccine and a dose of Prevnar 20® (PCV20).

<b><u>Vaccine</u></b>	<b>Vaccine CPT Code &amp; Modifier</b>
<b>Vaxelis®</b>	<b>90697 SL</b>
<b>Prevnar 20®</b>	<b>90677 SL</b>

<b><u>Vaccine Administration</u></b>	<b>Admin CPT Code</b>
<b>1<sup>st</sup> Vaccine</b>	<b>90471</b>
<b>Each additional vaccine</b>	<b>90472</b>

Medicaid will pay up to the maximum allowed amounts for the vaccine administrative (vaccine CPT code + SL modifier) and administration (administration CPT code) charges. Rates and eligible CPT codes can be found in the [enhanced pediatric fee schedule](#) for eligible providers or the [Physician-related fee schedule](#).

## Medicaid Managed Care

Below is a list of the current **Medicaid Managed Care Plans** in Washington. Some of these health plans also offer commercial and exchange plans. Staff verifying coverage must determine if the patient is enrolled in a Medicaid Managed Care plan or a commercial plan to ensure the facility follows the correct billing procedures.

- Coordinated Care
- Community Health Plan of Washington
- Molina Healthcare of Washington
- UnitedHealthcare Community Plan of Washington
- Wellpoint Washington (previously Amerigroup)

Patients enrolled in **Medicaid Managed Care** will have an insurance card that includes the **Washington Apple Health** logo along with the Managed Care Plan’s logo (image to the right is from the “[Welcome to Washington Apple Health Managed Care](#)” booklet). You must check [ProviderOne](#) to verify coverage and determine which **Apple Health** program the patient is enrolled in. **ProviderOne** is also the system that’s used to submit claims to **Medicaid**.







### Medicaid Contacts & Resources

- [Enrolling as an Apple Health \(Medicaid\) Provider](#)
- [Billing Guides](#)  
Always access the most current version of these billing guides
  - [General EPSDT Billing Guide](#) – See section titled “How do I bill for free vaccines for clients aged 18 and younger?”
  - [Additional billing guides for specific settings](#)
- [Fee Schedules](#)  
Always access the most current version of the fee schedule
  - [Physician-Related/Professional Services Fee Schedules](#) - See the Enhanced Pediatric Fee Schedule for eligible providers or the Physician Related/Professional Services Fee Schedule
  - Contact [ProfessionalRates@hca.wa.gov](mailto:ProfessionalRates@hca.wa.gov) with any rate or fee schedule questions
- [ProviderOne](#)
- [Contacts for Medicaid Billing Questions](#)

### Self-Pay

The table below shows when to apply self-pay billing guidelines based on the patient’s CVP eligibility status.

Patient Eligibility Status	Follow Self-Pay Billing Guidelines?
American Indian or Alaska Native	<input checked="" type="checkbox"/>
Uninsured	<input checked="" type="checkbox"/> Patients with no insurance or enrolled in a health sharing plan (e.g. OneShare, Liberty HealthShare, MediShare, Harmony, Samaritan, Zion, Unite Health Share Ministries) as they are not considered insurance plans by the WA Office of the Insurance Commissioner.
Underinsured	<input checked="" type="checkbox"/> Yes, if the patient is underinsured (insurance does not cover vaccines) <u>and</u> they receive vaccines at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

CHIP/CHP	
Medicaid/Medicaid Managed Care	
Private/Commercial Insurance 	 *See note in the billing guidelines below

### General Self-Pay Billing Guidelines

Providers must bill **self-pay** patients according to the program guidelines below.

1. Patients cannot be billed for the vaccine because they are provided at no cost.
2. Can only bill the patient for vaccine administration fees.
3. Can bill the patient up to **\$23.44 per dose** for the vaccine administration fee.  
\*If private/commercial insurer denies administration fees (e.g. out of network, deductible), the administration fee billed to the patient cannot exceed **\$23.44 per dose**.
4. Can issue a single bill to the patient within **90 days** of service.
5. Cannot send unpaid administration fees to collections.
6. Cannot turn away established patients who are unable to pay administration fees.

### Vaccine & Vaccine Administration Coding

This is an example of how to bill for vaccine administration when a patient under 19 receives two vaccines during the same visit that were supplied through the Childhood Vaccine Program. In this example, the patient received the Vaxelis® (DTaP-IPV-Hib-HepB) vaccine and a dose of Prevnar 20® (PCV20).

Vaccine Administration	Admin CPT Code	Max Charge
1 <sup>st</sup> Vaccine (Vaxelis®)	90471	\$23.44
Each additional vaccine (Prevnar 20®)	90472	\$23.44

**\*If vaccine CPT codes appear on the patient’s bill, they should include a charge \$0 or \$0.01 and charges should be written off in the site’s billing system to show no patient responsibility for the vaccine.**

### Resources


- [Centers for Medicare & Medicaid Services Regional Vaccine Administration Fee Caps](#) (see Table 2 for maximum regional administration fees by state)

## Private/Commercial Insurance



**Private/Commercial insurance** requires a different billing method called the **Dosage Based Assessment (DBA)**. This is a program requirement per the [CVP Provider Agreement](#). The **Washington Vaccine Association (WVA)** is available to help enrolled sites bill the **DBA** correctly. See resources at the end of this section.

The table below shows when to apply private/commercial insurance billing guidelines based on the patient's CVP eligibility status.

Patient Eligibility Status	Follow Self-Pay Billing Guidelines?
Private/Commercial Insurance 	<input checked="" type="checkbox"/> Patient has insurance that covers vaccines including private, commercial, employer self-funded, health benefit exchange plans, etc. (e.g. Premera, Regence, Aetna, TRICARE, PSHB).
Underinsured	<input checked="" type="checkbox"/> Yes, if the underinsured patient is <u>receiving vaccines at a location that is NOT an FQHC or RHC.</u>
American Indian or Alaska Native	<input type="checkbox"/>
CHIP/CHP	<input type="checkbox"/>
Medicaid/Medicaid Managed Care	<input type="checkbox"/>
Uninsured	<input type="checkbox"/>

### General Private/Commercial Insurance Billing Guidelines

Providers must bill private/commercial insurers according to the program guidelines below.

Submit two claims to insurer per the [WVA Billing Guide](#):

1. Vaccine **Dosage-Based Assessment (DBA)** that includes vaccine CPT & NDC codes with appropriate charges from the [WVA Vaccine Assessment Grid](#), paid to the **WVA**. **Do not append the SL modifier to vaccine CPT codes.**
2. Vaccine Administration/Office Visit claim that includes vaccine administration CPT codes and other charges that are paid to the facility administering the vaccine.
  1. May be able to bill vaccine administration fees per antigen (for combination vaccines) depending on insurer-specific guidelines.
  2. If private/commercial insurer denies coverage for administration fees (e.g. out of network, deductible), the administration fee billed to the patient cannot exceed **\$23.44 per dose.**

## Vaccine & Vaccine Administration Coding

This is an example of how to bill private/commercial insurers when a patient under 19 receives two vaccines during the same visit that were supplied through the Childhood Vaccine Program. In this example, the patient received the Vaxelis® (DTaP-IPV-Hib-HepB) vaccine and a dose of Prevnar 20® (PCV20).

<u>Vaccine DBA</u>	<u>Vaccine CPT &amp; NDC Codes</u>	<u>Vaccine Assessment Fee (as of 9/9/2024)</u>
<b>Claim submitted to insurer with payment to the WVA</b>		
Vaxelis®	CPT: 90697 NDC <ul style="list-style-type: none"> <li>63361-0243-15 (syringe) or</li> <li>63361-0243-10 (single dose vial)</li> </ul>	\$125.19
Prevnar 20®	CPT: 90677 NDC: 00005-2000-10	\$216.14

<u>Vaccine Administration</u>	<u>Admin CPT Code without counseling</u>	<u>Max Charge</u>
<b>Claim submitted to insurer with payment to the administering facility</b>		
1 <sup>st</sup> Vaccine	90471	No maximum charge per program guidelines. Reduce to no more than \$23.44/dose if insurer denies payment.
Each additional vaccine	90472	

OR

<u>Vaccine Administration</u>	<u>Admin CPT Code with counseling</u>	<u>Max Charge</u>
<b>Claim submitted to insurer with payment to the administering facility</b>		
1 <sup>st</sup> Vaccine Component	90460 x 2 (Diphtheria & Prevnar)	No maximum charge per program guidelines. Reduce to no more than \$23.44/dose if insurer denies payment.
Each additional vaccine component	90461 x 4 (Tetanus, Polio, Hib, HepB)	

## Resources



- **WVA**  
<https://wavaccine.org> | [info@wavaccine.org](mailto:info@wavaccine.org) | 1-888-928-2224
  - [Outpatient Billing Guide](#)  
Detailed guidance for outpatient providers on DBA billing including electronic and CMS-1500 formats
  - [Inpatient Hospital Billing Guide](#)  
Detailed guidance for inpatient DBA billing
  - [Vaccine Assessment Grid](#)  
Includes the vaccine-specific charges to use for DBAs. Downloadable in either Excel or PDF format.
  
- **Examples of Private/Commercial Insurers**
  - [Individual and Family Health Plans](#)  
This is not a complete list of all private/commercial plans. It includes insurers that offer plans through the WA Health Benefit Exchange and some that offer plans outside of the Exchange.

## Additional Resources

### Washington State Department of Health Childhood Vaccine Program

[www.doh.wa.gov/CVP](http://www.doh.wa.gov/CVP) | [WAChildhoodVaccines@doh.wa.gov](mailto:WAChildhoodVaccines@doh.wa.gov) | (360) 236-2829

- [Eligibility for Publicly Funded Vaccines – A Guide for Providers](#)  
Overview of patient eligibility screening requirements along with definitions and additional information on each eligibility status category.
- [Vaccine Coordinator Module 8: Eligibility, Documentation & Billing](#)  
Must have a TRAIN account to access this training module that covers patient eligibility screening, vaccine documentation, and program billing requirements. See [TRAIN instructions](#) for additional information on how to access this training.

## Vaccine Coding Resources

- [American Academy of Pediatrics Coding and Valuation](#)  
Contains resources to navigate coding rules.
- [American Academy of Professional Coders Knowledge Center](#)  
Search Knowledge Center box on the right to type in a subject such as “COVID Vaccines” and it will bring up short articles in date order.
- [American Medical Association CPT Codes](#)  
The CPT Practice Management page provides the latest coding information through articles, essential CPT tools and resources, and a search function to find articles specific to CPT codes.