

*How to use Physicians Billing In The
Washington Childhood Vaccine Program and
Dosage Based Assessment Data Reporting Procedures*

1) In the Doctor Information Screen, setup a new Provider – Washington Vaccine Assoc

DOCTOR INFORMATION

(ID)	(First-Name)	(Last-Name)	(Specialty)
Doctor ▶ WAVACC	Name: [REDACTED]	▶ WASHINGTON VACCINE ASSOC ◀	
Clinic Member Or Referring Dr.(C or R): C	Place of Service: 11	Telephone#: [REDACTED]	Speciality Code: [REDACTED]
Address Line 1: PO BOX 94002	SEATTLE WA 981248402	<div style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;">Provider Address</div>	
SocSec#: [REDACTED]	Federal#: 27-2251833		
UPIN: [REDACTED]	Supervising Dr	Anesthesia	Min/Unit: [REDACTED] \$/Unit: [REDACTED]
Dr. NPI: 1699092718	Clinic NPI: [REDACTED]	<div style="border: 1px solid black; border-radius: 10px; padding: 2px; display: inline-block;">Provider Tax Id</div>	

Month	Charges	Payments	Adjstments	Provider NPI	Provider Tax Id	Total AR
Qtr	12					12.90
Year	12					

F1 - Help

Home - Quit & Return Later

Esc - Quit

3a) Entry of Vaccine related charges, cont'e

(NEW) Adjustments-Charges-Payments-Writeoffs
Entry

Batch#: 12 | Line Batch#: | SuperBill#: | Prev Bal: 92.90
Activity: 52.90
New Bal: 145.80

(ID) (FE) (Name)
Vaccine CPT Code | Vaccine Charge Amount | Washington Vaccine Association as Service Provider
DIANE REGB

Date	Office Cd	Amount	Diag Cd	Doctor	Claim#	Pos	Unit	Tos	C	P
5/25/2010	90071	40.00	300.0	SMITH	443	11	1	01		Y
5/25/2010	90655	12.90	300.0	WAVACC		11	1	01		Y

Press Enter To Create A New Claim
Press F6 To Find The Last Claim Of This Patient And Make A Copy Of It
Press F7 To Choose From A List Of Open Claims
Press F8 Do Not Bill Insurance

Note

Hot Keys==> Ctl-T=Patient Ctl-Y=Items Ctl-Z=History Ctl<---=Notes Ctl-->=Recall
F1 - Help Home - Quit & Return Later Esc - Quit

3a) cont'd - Facility required on the Claim - see below

12. Patient Signature On File | 13. Insured's Signature On File

PHYSICIAN OR SUPPLIER INFORMATION

14. Date Of Illness Accident or Pregnancy	15. SIMILAR ILL.	16. PATIENT UNABLE TO WORK From Thru
17. REFERRING PHYSICIAN NAME DOCKERY JAMES HARLAN	17a. REF PHYS ID DOCERY-NPI	18. HOSPITAL DATES From Thru
19. RESERVED FOR LOCAL USE	20. OUTSIDE LAB? CHARGES [] YES [] NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY 1. 300.0 3. 2. 4.	22. MEDICAID RESUBMISSION CODE ORIGINAL REF#	
27. ACCEPT P [] Yes		32. FACILITY: YOUR OFFICE NAME ADDRESS: 1023 N PLATT AVE TACOMA WA 98457 NPI: 13789234 TAB-Choose F1d

F2 Search Facility Table
PgDn Add/Chg/Del Table

When Creating The Claim For The Vaccine Code, Box 32 Should Be Your Office Name, Address AND NPI

3b) More information on entering vaccine related charges

(NEW) Adjustments-Charges-Payments-Writeoffs
Entry

Batch#: 12 | Line Batch#: | SuperBill#: | Prev Bal: 92.90
Activity: 52.90
New Bal: 145.80

(ID) (First Name) (Last Name)
Patient: ▶AAYLM ◀ Name: MICHAELA DIANE ◀AAYLOUS ▶
SS#: ◀553-22-1234 ▶ Group: Ins: REGB Birth: 5/24/1988

Date	Office Cd	Amount	Diag Cd	Doctor	Claim#	Pos	Unit	Tos	C	P
5/25/2010	90471	40.00	300.0	SMITH	443	11	1	01		Y
5/25/2010	90655	12.90	300.0	WAVACC	445	11	1	01		Y
5/25/2010	F8-Copy	Line Above	F9-Copy	Group Above						

F3 Done With Patient Done With Line
Down F2 To Date

Note

Hot Keys==> Ctl-T=Patient Ctl-Y=Items Ctl-Z=History Ctl<---=Notes Ctl-->=Recall
F1 - Help Home - Quit & Return Later Esc - Quit

Note Different Providers For Admin Code and Vaccine Code

Note Different Claims For Admin Code and Vaccine Code

3c) More instructions on vaccine charges entry – specifically adjusting off the vaccine dollar amount.

Adjustments-Charges-Payments-Writeoffs
Entry

Batch#: 12 | Line Batch#: 12 | SuperBill#: | Prev Bal: 92.90
Activity: 40.00
New Bal: 132.90

(ID) (First Name) (Last Name)
Patient: ▶AAYLM ◀ Name: MICHAELA DIANE ◀AAYLOUS ▶
SS#: ◀553-22-1234 ▶ Group: Ins: REGB Birth: 5/24/1988

Date	Office Cd	Amount	Diag Cd	Doctor	Claim#	Pos	Unit	Tos	C	P
5/25/2010	90471	40.00	300.0	SMITH	443	11	1	01		Y
5/25/2010	90655	12.90	300.0	WAVACC	445	11	1	01		Y
5/25/2010	ADJ	-12.90		WAVACC						Y

F3 Enter an Adjustment Code To Remove The Vaccine Amount From Your Books - You Will NOT Get Paid This From The Insurance Carrier
Down A Line F2 To Date

Note

Hot Keys==> Ctl-T=Patient Ctl-Y=Items Ctl-Z=History Ctl<---=Notes Ctl-->=Recall
F1 - Help Home - Quit & Return Later Esc - Quit

Enter an Adjustment Code To Remove The Vaccine Amount From Your Books - You Will NOT Get Paid This From The Insurance Carrier

4) If you will be printing these claims on paper, then in the Claim Printing screen see the note below regarding a new parameter value.

Claims Printing - New CMS 1500 (Use PgDn To Switch To Old HCFA 1500)

Select Patients By Doctor: From Doctor: COU Thru Doctor: WAVACC

Print From Patient Id: AAYLM Thru Patient Id: STUCG
Print From Insurance Company: Thru Insurance Company:
Date Of This Printing: 5/25/2010 Group: Re-print P)aper claims or E)lectronic Claims?:N (P/E/N) Enter the PRINTING DATE You Wish To Reprint:
Laser/Deskjet?: N Print Amount Paid in Box 29? Y Print Ins.Co Name, Address at T)op, B)ottom or N)one: B Use C)linic D)ocor or P)ayTo name in Box 33 of HCFA? P

Is It Okay To Proceed (Y/N) (s)

This is a new value and should be set to 'P' use Pay To Name In Box 33

F1 - Help

Home

Esc - Quit