



## Vaccine Eligibility and Billing Information – Children Birth through 18 Years of Age



Providers are required to screen patients for, and document, eligibility at each immunization visit. This data **must** be reported in VacTrAK within **14 days**.

Providers are **never** permitted to charge a patient for the cost of vaccine provided through the Alaska Immunization Program.

If any child meets more than one eligibility category (i.e., Alaska Native and insured), providers must select and document the eligibility category requiring the least amount of out-of-pocket expense for the child to receive immunizations.

Eligibility Categories Birth through 18 years	Determining eligibility categories	Administration Fee Bill To	Vaccine Administration Fee Cap	VacTrAK Mapping & HL7 Funding Source Codes	
<b>VFC Medicaid-Eligible</b> ‡	<ul style="list-style-type: none"> <li>A child who is either eligible or enrolled in Medicaid</li> <li>A child who is insured and Medicaid enrolled</li> </ul>	Medicaid	<a href="#">Determined by Medicaid*</a>	V02	VXC 50 Public or VXC 51 Public VFC
<b>VFC Uninsured</b> ‡	<ul style="list-style-type: none"> <li>A child who has no health insurance</li> </ul>	Patient†	\$27.44 (Per Dose)	V03	
<b>VFC American Indian/Alaska Native (AI/AN)</b> ‡	<ul style="list-style-type: none"> <li>A child who is AI/AN</li> </ul>	Patient†	\$27.44 (Per Dose)	V04	
	All AI/AN children meet more than one eligibility category, select least out of pocket expense	Bill according to the selected eligibility category			
<b>VFC Underinsured (FQHC)</b> ‡  This category may be used only by a Federally Qualified Health Center (FQHC) or a deputized provider.	<ul style="list-style-type: none"> <li>A child who has health insurance, but the coverage does not include vaccines; <b>OR</b></li> <li>A child whose insurance does not cover all ACIP- recommended vaccines. The child would be eligible to receive those vaccines not covered by the insurance; <b>OR</b></li> <li>A child whose insurance caps the cost for vaccine coverage is eligible to receive VFC vaccines only after the insurance cap has been reached</li> </ul>	Patient†	\$27.44 (Per Dose)	V05	
<b>State Vaccine</b>  May appear as “state-specific” or “local-specific” eligibility in EHR	<ul style="list-style-type: none"> <li>A child who does not meet VFC eligibility categories listed above and for whom a state vaccine is used</li> </ul>	Insurance	Determined by insurance	V07	VXC 50 or VXC 52 Public Non-VFC
<b>Ineligible (Private Vaccine)</b>	<ul style="list-style-type: none"> <li>When privately purchased vaccine is used</li> </ul>	This is outside the scope of the Immunization Program.		V01	PHC 70 Private

\*Providers must accept the reimbursement set by Medicaid or the contracted Medicaid health plans: <http://manuals.medicidalaska.com/medicidalaska/providers/FeeSchedule.asp>.

†Providers who chose to bill an administration fee for a non-Medicaid, VFC-eligible child after the date of service may issue only a single bill to the patient within 90 days of vaccine administration.

‡Providers must not deny administration of a VFC vaccine to an established patient whose parent/guardian/individual of record is unable to pay the administration fee or for whom there are unpaid administration fees. Unpaid administration fees may not be sent to collections.