

## IMPORTANT INFORMATION

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## To All Indiana Health Coverage Program Dental Providers:

• The Indiana Health Coverage Programs accepts all versions of American Dental Association (ADA) claim forms. However, there is a difference in the maximum number of allowed details for each version of the ADA claim form. The maximum number of details allowed on the 2000 ADA claim form is six. The maximum number of details allowed on the 1994 ADA claim form is 15. If an ADA form is submitted with more details than allowed on the form, the claim will be returned to the provider with a form indicating the submitted claim has exceeded the allowed number of procedure codes per detail line. Please ensure that each claim form has all required elements completed, including a total dollar amount. Also, please ensure only one procedure code is listed per detail line and that the total number of details does not exceed the number allowed for the form being used. If it is necessary to bill more than the number of details allowed on the form, an additional claim form must be completed.

The 1994 ADA claim form, which contains 15 detail lines, is located on the Indiana Medicaid Web site at <a href="www.indianamedicaid.com">www.indianamedicaid.com</a>. Providers can download and print this form free of charge. If there are any questions, please contact EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

## To All Indiana Health Coverage Program Providers:

• Prevnar, pneumococcal conjugate vaccine, polyvalent, is now available through the Vaccines for Children (VFC) program. VFC-participating providers may obtain a supply of this vaccine free of charge from the Indiana State Department of Health. Please note that the Indiana Health Coverage Programs' (IHCP) reimbursement for this vaccine will be limited to the \$8 VFC vaccine administration effective January 1, 2001. For service dates prior to January 1, 2001, providers may bill the IHCP for either the \$8 VFC vaccine administration fee, if administering VFC vaccine, or the provider's customary charge for Prevnar, if administering a privately purchased vaccine. Payment for a privately purchased vaccine will be the lesser of the provider's charge or the IHCP fee schedule amount of \$75.40 through the end of December 2000. If there are any questions, please contact the EDS Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.