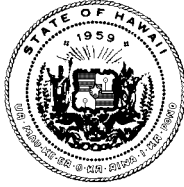


LINDA LINGLE  
GOVERNOR



LILLIAN B. KOLLER, ESQ.  
DIRECTOR

HENRY OLIVA  
DEPUTY DIRECTOR

**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**  
Med-QUEST Division  
Health Coverage Management Branch (ACS)  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

December 22, 2004

MEMORANDUM

ACS M04-14

TO: General Dentists, Pedodontists, Endodontists, and Oral Surgeons

FROM: Steven S. Kawada, Med-QUEST Division Assistant Administrator /s/ sk

SUBJECT: ACCEPTANCE OF CLAIM FORM ADA 2002

On January 1, 2005, Hawaii Medicaid will be accepting the ADA 2002 claim form in addition to the ADA 1999 v. 2000.

Attached are the Medicaid Billing Requirements for the ADA 2002 claim form. Please use these billing requirements as a guideline when completing claims for payment from Medicaid on this form.

For questions or clarification, please contact ACS at 952-5570.

Attachment