

wisconsin **Medicaid** update
and BadgerCare

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PHC 1745

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Federally
Qualified Health
Centers
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Vaccine Order Form revised

The Vaccine Order Form has been revised by the Wisconsin Immunization Program. Please use the attached revised form for further requests.

This form replaces Appendix 32 of the Medicine and Surgery section of the Physician Services Handbook.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

VACCINE ORDER FORM

Return this form to:

Wisconsin Immunization Program
 Bureau of Communicable Diseases
 PO Box 2659
 MADISON WI 53701-2659
 Phone: (608) 267-5148
 Fax: (608) 267-9493

Agency _____

PIN# _____

Address _____

City _____

ZIP _____

INSTRUCTIONS: Order the number of **doses** (not **vials**) of vaccine that you need. If you want Vaccine Information Statements, indicate the number in the appropriate space below. You should order enough vaccine for a 3-month supply and **allow 2 weeks for delivery**. Note: a public provider is a health department, tribal clinic or Federally Qualified Health Center.

Public and Private Providers		Private Providers Only	
Vaccine	Doses Requested	Vaccine	Doses Requested
Td (Adult)		DTaP (SKB-Infanrix)	
IPV		DTaP (Wyeth-ACEL-IMUNE)	
MMR		DTaP (Aventis Pasteur, formerly Connaught - Tripedia)	
Hep B (Adult)		Hep B (SKB- ENGERIX-B 0-18 yrs, P-free**) TIP-LOK*	
		Non TIP-LOK	
Hep B-Hib (MSD-COMVAX)		Hep B (MSD - RECOMBIVAX HB 0-18 yrs, P-free**)	
DT (Pediatric)		Hib (MSD - PedvaxHIB)	
Varicella		Hib (Wyeth - HibTITER)	
Public Providers Only		Hib (Aventis Pasteur, formerly Connaught-ActHIB)	
DTaP (SKB-Infanrix)		Vaccine Information Statements: Please indicate the number of forms needed. They are packaged 100/pad. Do not indicate using an (x). DTaP _____ Td _____ Hib _____ Polio _____ MMR _____ Varicella _____ Hep B _____ Vaccine Administration Record (Signature form) _____ <p style="text-align: center;">PLEASE SIGN BELOW</p>	
	(ACEL-IMUNE-dose 5)		
Hep B (SKB-ENGERIX-B, 0-18 yrs, p-free**) TIP-LOK*			
	Non TIP-LOK		
Hib (MSD-PedvaxHIB)			

*TIP-LOK are prefilled syringes with 1" 23-gauge needles included.
 **Preservative free

(Rev. 5/00)

Please Sign: _____ **Phone:** _____ **Date:** _____