**QUICK REFERENCE FOR CLAIM FORMS**

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Types of Services</th>
<th>Where do I send the form?</th>
<th>What codes sets do I use?</th>
<th>Electronic submission available?</th>
</tr>
</thead>
</table>
| UB04        | Inpatient, outpatient, home health, long term care, FQHC | Mail to: **Hawaii Medicaid Fiscal Agent**  
PO BOX 1220  
Honolulu, HI 96807-1220  
Or Hand Deliver to:  
**Hawaii Medicaid Fiscal Agent**  
1132 Bishop St. Ste. 800  
Honolulu, HI 96813 | ICD-10 Diagnosis and Procedure Codes  
HCPCS  
NDC #'s  
Revenue codes  
**List of rev codes that require HCPCs code for outpatient services is listed in chapt. 11.2.7.2 of the Medicaid Provider Manual** | Yes |
| HCFA (CMS) 1500 | Physician services, therapies, vision, hearing, DME, supplies, drugs | Mail to: **Hawaii Medicaid Fiscal Agent**  
PO BOX 1220  
Honolulu, HI 96807-1220  
Or Hand Deliver to:  
**Hawaii Medicaid Fiscal Agent**  
1132 Bishop St. Ste. 800  
Honolulu, HI 96813 | ICD-10 Diagnosis Codes  
HCPCS  
CPT-4  
NDC #'s | Yes |
| ADA         | Dental                          | Mail to: **HDS Medicaid**  
700 Bishop St Ste. 750  
Honolulu, HI 96813 | CDT | Yes |
| 204 CMS 1500 | Drugs                           | Mail to: **Hawaii Medicaid Fiscal Agent PBMS (Rx)**  
Attn: Hawaii Medicaid Paper Claims  
PO BOX 967  
Henderson, NC 27536-0967 | ICD-10 Diagnosis Codes  
NDC #'s | Yes |