

## QUICK REFERENCE FOR CLAIM FORMS

Form Number	Types of Services	Where do I send the form?	What codes sets do I use?	Electronic submission available?
UB04	Inpatient, outpatient, home health, long term care, FQHC	Mail to: <b>Hawaii Medicaid Fiscal Agent</b> PO BOX 1220 Honolulu, HI 96807-1220  Or Hand Deliver to: <b>Hawaii Medicaid Fiscal Agent</b> 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: <b>Hawaii Medicaid Fiscal Agent</b> PO BOX 1220 Honolulu, HI 96807-1220  Or Hand Deliver to: <b>Hawaii Medicaid Fiscal Agent</b> 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: <b>Hawaii Medicaid Fiscal Agent PBMS (Rx)</b> Attn: Hawaii Medicaid Paper Claims PO BOX 967 Henderson, NC 27536-0967	ICD-10 Diagnosis Codes NDC #'s	Yes