

QUICK REFERENCE

FOR CLAIM FORMS

Form Number	What services used for?	Where do I send the form?	What codes sets do I use?	Electronic submission available?
UB92	Inpatient, outpatient, home health, long term care, FQHC	Mail to: ACS P.O. Box 1220 Honolulu, HI 96807-1220 Or Hand Deliver to: ACS 1440 Kapiolani Blvd. Suite 1400 Honolulu, HI 96814	Revenue codes ICD-9 diagnosis ICD-9 procedure HCPCS	Yes
HCFA (CMS) 1500	Physician services, therapies, vision, hearing, DME, supplies, drugs	Mail to: ACS P.O. Box 1220 Honolulu, HI 96807-1220 Or Hand Deliver to: ACS 1440 Kapiolani Blvd. Suite 1400 Honolulu, HI 96814	ICD-9 diagnosis HCPCS CPT-4	Yes
ADA 1999 v. 2000	Dental	Mail to: ACS P.O. Box 1220 Honolulu, HI 96807-1220 Or Hand Deliver to: ACS 1440 Kapiolani Blvd. Suite 1400 Honolulu, HI 96814	CDT-3	Yes
204	Drugs	ACS PBMS Attn: Hawaii Medicaid Paper Claims 365 Northridge Road Center One Suite 400 Atlanta, GA 30350	ICD-9 diagnosis NDC	Yes