

CLAIMS FILING

This appendix contains the information about the following:

- Instructions for billing using the CMS-1500 Claim Form
- Example of the CMS-1500 Claim Form
- Instructions for adjusting or voiding a CMS-1500 claim using the 213 Adjustment/Void Form
- Example of 213 Adjustment/Void Form
- Instructions for billing using the ADA Dental Claim Form
- Example of the ADA Dental Claim Form
- Instructions for adjusting or voiding an ADA claim using the 209 Adjustment/Void Form
- Example of the 209 Adjustment/Void Form
- Instructions for adjusting or voiding an ADA claim using the 210 Adjustment/Void Form
- Example of the 210 Adjustment/Void Form

CMS 1500 (08/05) Billing Instructions for FQHC Services

Federally Qualified Health Center (FQHC) services are billed on the CMS-1500 (08/05) claim form or electronically in the 837P transaction.

Items to be completed are either **required** or **situational**.

- **Required** information must be entered in order for the claim to process. Claims submitted with missing or invalid information in these fields will be returned unprocessed to the provider with a rejection letter listing the reason(s) the claims are being returned or will be denied through the system. These claims cannot be processed until corrected and resubmitted by the provider.
- **Situational** information may be required (but only in certain circumstances as detailed in the instructions that follow).

Claims should be submitted to:

**Molina Medicaid Solutions
P.O. Box 91020
Baton Rouge, LA 70821**