



## **Paper Claims**

Molina Healthcare of Indiana accepts paper claims on the following forms:

- **CMS 1500** (formerly known as the HCFA 1500 form)
- **CMS 1450** (formerly known as the UB92 form)

Paper claim forms can be handwritten, typed or computer generated.

### **All paper claims must include the following information:**

- Patient (member) name.
- Member's Recipient ID #
- Member's date of birth.
- Place of service.
- ICD-9 diagnosis code(s).
- HIPAA-compliant CPT or HCPCS code(s) and modifiers (where applicable)
- Units of service (where applicable)
- Date of service for each service rendered.
- IHCP Provider Number including location code
- Rendering provider # (when applicable)
- Federal tax ID number.
- A signature is **not** required on the claim form

For pregnancy-related services, the **date of the last menstrual period (Imp)** is required on claims. Providers may estimate this date if necessary based on the gestational age of the child. For delivery of premature newborns, the **birth weight** is required.

### **The address for paper claim submission is:**

**Molina Healthcare of Indiana  
P.O. Box 22717  
Long Beach, CA. 90801**

For more information, please contact provider services at **1-800-642-4509** or access the Molina Healthcare of Indiana Provider Manual on our website; [www.molinahealthcare.com](http://www.molinahealthcare.com).

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