MES Inquiry Form

*Please use the form below when requesting a* ***MES investigation****. While all fields may not be necessary for every investigation, please include as many details as possible to help expedite the investigation. Once complete, please email this document to* [*mmisinquiries@la.gov*](mailto:mmisinquiries@la.gov) *.*

*For inquiries related to an ongoing LIFT project, there is no need to submit this form.  Please continue to work with the assigned LDH staff who are working on that particular LIFT project.*

*For inquiries related to EDI Transmissions, please continue to use the EDI Transmission Research Request Form and email Molina’s EDI Department at* [*HipaaEDI@MolinaHealthCare.com*](mailto:HipaaEDI@MolinaHealthCare.com) *.*

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| **Title** |  |
| **Requestor** |  |
| **Requestor Contact**  *Email and Direct Phone* |  |
| **Date of Submission** |  |
| **Edit Code(s)** |  |
| **Claim Type(s)** |  |
| **Provider Type(s)** |  |
| **Procedure/ Revenue Code(s)** |  |
| **Diagnosis Code(s)** |  |
| **Description of Issue**  *Please provide a brief description of the issue needing investigation.* |  |
| **Examples**  *Please provide at least 5 examples using the Molina ICN* | 1. ICN 1 2. ICN 2 3. ICN 3 4. ICN 4 5. ICN 5 |