

Healthy Connections *Visual*

# MEDICAID BASICS BOOK



## ► Adjustments

*An illustrated companion to the interactive courses at: [MedicaideLearning.com](https://www.MedicaideLearning.com).*

*This topic includes content from the exclusive Overview of Adjustments course in addition to the foundational Medicaid Basics course.*

Updated September 2022

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## Adjustments

Adjustments can only be made to paid claims and can be made anytime any correction is needed, regardless of any change in payment to the provider.

### Gross- vs. claim-level

There are two different types of adjustments, Gross-Level and Claim-Level.

	Gross-Level Adjustment	Claim-Level Adjustment
<b>Definition</b>	A debit or credit initiated by South Carolina Medicaid	A Void or Void/Replacement initiated by provider or Medicaid
<b>Scope</b>	<ul style="list-style-type: none"> <li>Not tied to a particular claim or recipient</li> <li>Can adjust multiple claims at one time</li> </ul>	<ul style="list-style-type: none"> <li>Tied to a particular claim or recipient</li> <li>Limited to one claim per adjustment request</li> </ul>
<b>Examples/ specifics</b>	<ul style="list-style-type: none"> <li>cost settlements, disproportionate share</li> <li>Claims no longer available in claims history</li> <li>Claims pulled into recovery for Medicare or other health insurance when only a portion of the amount is being recouped</li> </ul>	<ul style="list-style-type: none"> <li>Paid only claims</li> <li>Claim-level adjustments are always 100% adjusted.</li> <li>Provider ID, CCN, and Recipient ID on the form must match the original claim.</li> <li>Void Only adjustments must be initiated within 15 months from the check date of the original claim.</li> <li>Void/Replacement adjustments must meet all billing requirements, including timely filing.</li> <li>Do not send a check to Medicaid.</li> </ul>
<b>Initiated by: How to initiate:</b>	<ul style="list-style-type: none"> <li>Medicaid</li> <li>Contact the Provider Service Center.</li> <li>Exception – If adjustment is related to TPL, contact MIVS.</li> </ul>	<ul style="list-style-type: none"> <li>Provider or Medicaid</li> <li>Submit electronically via a vendor/ clearinghouse or the Web Tool</li> <li>Submit hard copy via the Form 130                             <ul style="list-style-type: none"> <li>For CMS-1500 or Transportation</li> </ul> </li> <li>Note: The submission method of the adjustment does not have to be the same as the submission method of the original claim. <i>Exception:</i> A UB-04 adjustment must be submitted in same medium as original filed claim. <i>Exception:</i> CMS-1500 claims filed electronically with more than 8 lines must be adjusted electronically.</li> </ul>
<b>Visit Counts</b>		<ul style="list-style-type: none"> <li>Visit Counts are stored in the beneficiary’s claim record.</li> <li>Claim-level adjustment process can affect the visit count for services with frequency limitations:                             <ul style="list-style-type: none"> <li>Ambulatory</li> </ul> </li> </ul>

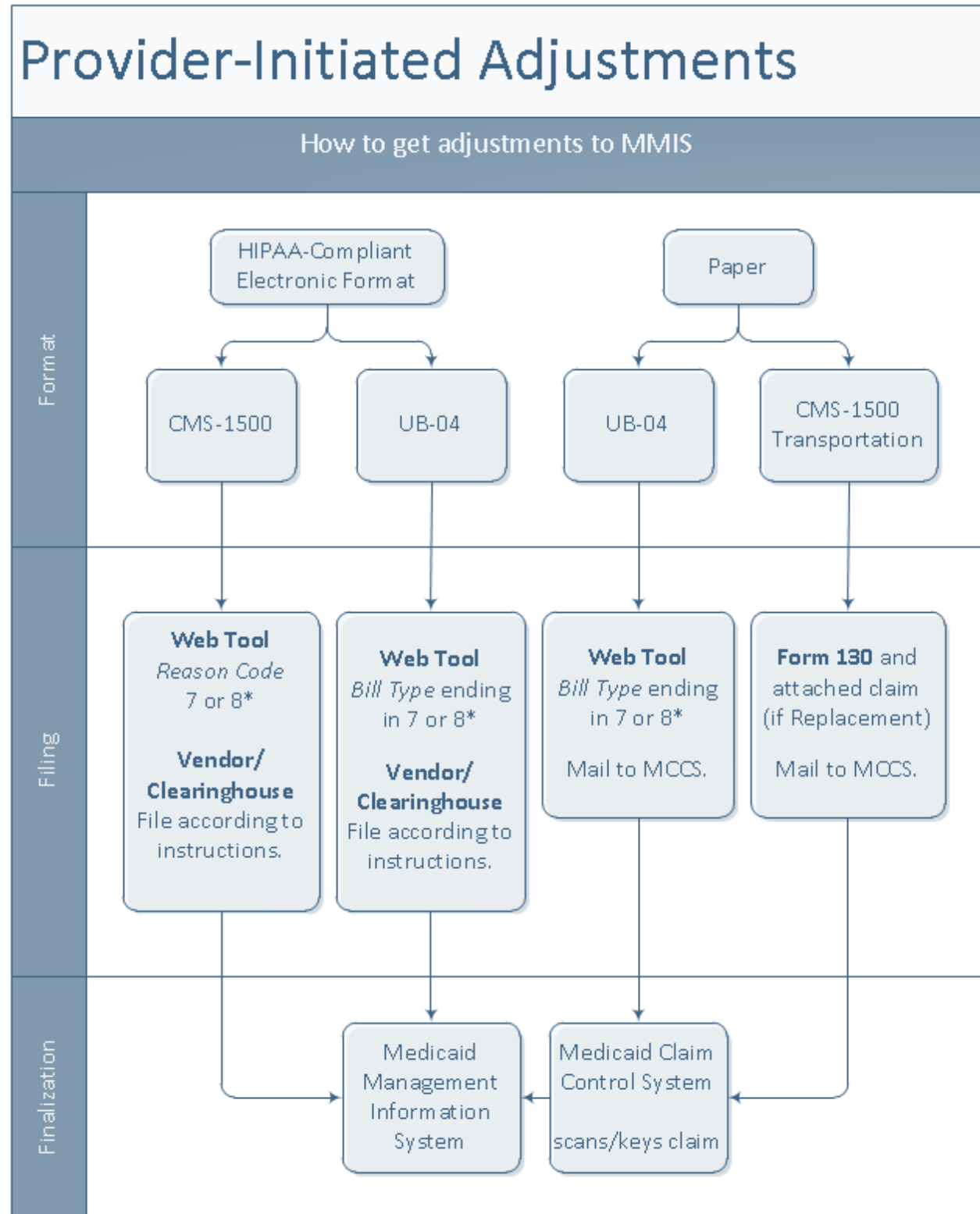
- Home Health
- Chiropractic
- Mental Health
- Private Rehabilitation

## Void vs. Void/Replacement

	Void	Void/Replacement
<b>What it means</b>	<ul style="list-style-type: none"> <li>• Original claim will be cancelled and not replaced.</li> <li>• If claim is voided and later needs to be replaced, replacement must be submitted as a new claim.</li> </ul>	<ul style="list-style-type: none"> <li>• Original claim contains an error that needs to be corrected. Adjustment can be filed even if the change does not result in a different reimbursement.</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>• The void-only claim is going to take all the money back that we paid you for that claim and that's it.</li> </ul>	<ul style="list-style-type: none"> <li>• The void/replacement is going to take the money back, but replace it with the replacement claim.</li> </ul>
<b>Special situations</b>	<ul style="list-style-type: none"> <li>• If initiating an adjustment to change the provider ID or the recipient ID, <b>always</b> complete a Void Only transaction and file a new claim.</li> </ul>	<ul style="list-style-type: none"> <li>• If performing an adjustment due to third- party liability, <b>always</b> initiate a Void/Replacement.</li> <li>• Keep in mind that timely filing guidelines still apply when filing replacement claims.</li> </ul>
<b>Visit Counts</b>	<ul style="list-style-type: none"> <li>• The visit count will be restored by the same number and type of visits as the original claim once void is processed.</li> </ul>	<ul style="list-style-type: none"> <li>• The new visit count will be applied to the beneficiary record after the replacement claim is processed.</li> <li>• The visit count will be held or saved until the replacement claim processes.</li> <li>• If the status of the Replacement claim is <b>PAID</b>, the visit counts that were “held” will be used for that claim. (If the count exceeds limitations, the excess visits will be denied.)</li> <li>• If the status of the Replacement claim is <b>Rejected</b>, the “held” visit counts will be returned to the “beneficiary’s record” within the MMIS.</li> </ul>



## Adjustment Process



\*7 = Void; 8 = Void/Replacement

## Form 130

A Form 130 is used to process Void and Void/Replacements on paid-only claims. This form must reflect the same Claim Control Number (CCN), Provider ID, and Recipient ID as the original claim.

### SCDHHS Form 130 – Claim-level Adjustments

**South Carolina Department of Health and Human Services - Claim Adjustment Form 130**

Provider Name: (Please use black or blue ink when completing form)

Provider Address :

Provider City , State, Zip: Total paid amount on the original claim:

Original CCN:

Provider ID:

Recipient ID:

Adjustment Type:  Void  Void/Replace

Originator:  DHHS  MCCS  Provider  MIVS

Reason For Adjustment: (Fill One Only )

<input type="radio"/> Insurance payment different than original claim	<input type="radio"/> Medicaid paid twice - void only
<input type="radio"/> Keying errors	<input type="radio"/> Incorrect provider paid
<input type="radio"/> Incorrect recipient billed	<input type="radio"/> Incorrect dates of service paid
<input type="radio"/> Voluntary provider refund due to health insurance	<input type="radio"/> Provider filing error
<input type="radio"/> Voluntary provider refund due to casualty	<input type="radio"/> Medicare adjusted the claim
<input type="radio"/> Voluntary provider refund due to Medicare	<input type="radio"/> Other

For Agency Use Only Analyst ID:

<input type="radio"/> Hospital/Office Visit include	<input type="radio"/> Web Tool error
<input type="radio"/> Independent lab should be	<input type="radio"/> Reference File error
<input type="radio"/> Assistant surgeon paid as primary surgeon	<input type="radio"/> MCCS processing error
<input type="radio"/> Multiple surgery claims submitted for the same DOS	<input type="radio"/> Claim review by Appeals
<input type="radio"/> MMIS claims processing error	
<input type="radio"/> Rate change	

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

DHHS Form 130 Revision date: 03-13-2007

**Enter the billing provider's information.**

**Remember to attach the replacement claim.**

**Information from the original claim**

**Fill in only one.**

**Indicate changes or special instructions to the Replacement claim (if applicable).**

## UB-04 Adjustments

A UB-04 is used to process Void and Void/Replacements on institutional paper claims.

1		2		3a PAT. CMTL # b. MED. REC. #		4 TYPE OF BILL	
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASS. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID	
58 INSURED'S NAME		59 P.F.EL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX		67		68		69	
70 ADMIT REASON DX		71 PATIENT REASON DX		72 OTHER PROCEDURE DATE		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE DATE		77	
78 OTHER PROCEDURE CODE		79 OTHER PROCEDURE CODE		80 OTHER PROCEDURE DATE		81	
82 REMARKS		83 OCC. #		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		100		101	

UB-04 CMS-1450 APPROVED OMB NO. 0938-0067 NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

The three-digit bill type in field 4 initiates the Void or Void/Replacement.

- Bill type ending in 8 represents Void only
- Bill type ending in 7 represents a Void/Replacement

Original CCN of the paid claim - on lines A through C that corresponds to the Medicaid line in field 60.

Do not file adjustments on the Form 130. Submit the UB-04 in the same medium as the original claim.



## Web Tool Adjustments - 1500

To file a CMS-1500 adjustment over the [Web Tool](#):

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Please select a provider to work with: [Select]

Logout | Home

Change PWD | **Click on Enter New Claim.** | Lists | History

CMS-1500 Pending Claims

Enter New Claim | Copy Sel. | Delete Sel. | View Sel. | [Search Name]

SOUTH CAROLINA  
Healthy Connections  
MEDICAID

Logout | Home

Change PWD | Reports | Eligibility | Claims | Claim | Lists | History

CMS-1500 Claim Entry - ICD 6.192.63.2, has been logged.

Beneficiary Info | Provider Info | Diagnosis Codes | Det Lines | Documents | Other Coverage

**Create Adjustment**

Initiate adjustment request

Original CCN [ ] Reason Code [7 - Void/Replace, 8 - Void Only]

**Accident Info**

Auto Accident?  Auto Accident Date [ ]

Employment Accident?

Other Accident?

EPSDT Referral Needed?  EPSDT Ref. Type [Select One]

**Other Info**

MHN Referral Number [ ] Prior Authorization Number [ ]

**Referring Provider Info**

Referring NPI [ ] Referring Last Name [ ] Referring First Name [ ]

**Ordering Provider Info**

Ordering NPI [ ] Ordering Last Name [ ] Ordering First Name [ ]

[Continue]

**Check Initiate adjustment request box.**

**Enter the Original CCN.**

- Choose 7 for Void/Replace.
- Choose 8 for Void.

**Quick tip:** Copy the claim, correct it, and save it for submission.

- Only applies to: CMS-1500 Void/Replacement claims - still active in the Web Tool files
- Otherwise: Enter your corrected line detail information on the CMS-1500 Detail Lines tab.

## Web Tool Adjustments – UB04

You can copy and fix any claim you have filed on the [Web Tool](#) within the last 3 months. You simply change your type of bill code.

UB-04 Pending Claims

Enter New Claim Copy Sel. Delete Sel. View Sel. Search Name

UB-04 Claim Entry

Beneficiary Provider Addl Info Diag Codes Cond Codes Occur Codes Value Codes ICD9 Codes Detail Lines Other Cov

**Additional Information**

Admission Date: 10/01/2010 Admission Hour: 0 Discharge Hour: 0 \*From Date of Service: 10/01/2010 \*Through Date of Service: 10/05/2010

Adm. Source: 1 - Physician Referral

Adm. Type: 1 - Emergency

Patient Status: 01 - Discharge to home or self care (routine discharge)

Type of Bill: [Please Select One]

Orig. CCN

Covered Days: 0

MHN Referral Num

111 - Inpatient hospital, admit through discharge claim  
112 - Inpatient hospital, Interim - First Claim  
113 - Inpatient hospital, Interim - Continuing Claim  
114 - Inpatient hospital, Interim - Final Claim  
117 - Inpatient hospital, replacement claim (DRG charges)  
118 - Inpatient hospital, void/cancel claim  
131 - Outpatient hospital, admit through discharge claim  
137 - Outpatient hospital, replacement claim  
138 - Outpatient hospital, void/cancel claim  
141 - Outpatient hospital, referenced diagnostic services, admit through discharge claim  
147 - Outpatient hospital, referenced diagnostic services, replacement claim  
148 - Outpatient hospital, referenced diagnostic services, void/cancel claim

Go to Diagnosis Codes

Remember, if you find that a recipient has other insurance, you would file this information as a void/replacement. Also, you don't need to send in the EOB for TPL payments to be adjusted online.

## Detailed Line Limitations




When adjusting, be aware of your line limitations.

Electronic	Paper
<ul style="list-style-type: none"> <li>• 50 lines</li> <li>• 837 format</li> </ul>	<ul style="list-style-type: none"> <li>• 6 lines</li> <li>• paper claim</li> </ul>

*Action:* Your original CMS-1500 (837) **electronic** claim has 13 lines of detail. You attempt a claim-level void/replacement using **paper**.

*Result:* All 13 lines are recouped, but only 6 replacement lines are processed. (The claim is returned to you indicating the exceeded line limits.)

Paper claim adjustments are limited.

Adjustment Claim		
	Electronic	Paper
Original Claim	Electronic	 Only replaces 6 lines (of the potential 50 electronic lines)
	Paper	 

## Edit Codes

534

### Provider number does not match

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- Provider number on Form 130 does not match provider number on original claim to be voided.
- If providers receive this error, verify the correct provider number was submitted on Form 130.
  - If the provider number is incorrect, submit a new Form 130 with the correct provider number.
  - If the provider number is correct on Form 130, verify claim control number of original claim.
  - If the Claim Control Number is incorrect, submit a new Form 130 with the correct CCN.

575

### Claim not found on Medicaid's active history data base (Claim number and Recipient ID must match)

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- Claim number and/or recipient I.D. on Form 130 does not match number(s) on original claim to be voided.
- If providers receive this error, verify correct Claim Control Number and/or recipient I.D. were submitted on the Form 130.
  - If the number(s) is incorrect, submit a new Form 130 with the correct number(s).
  - If claim number and recipient I.D. are correct on Form 130, contact the Provider Service Center (PSC).

867

### Duplicate Adjustment (Original claim already voided)

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- Claim Control Number on Form 130 was previously voided.
- If CCN is incorrect, submit new Form 130 with corrected information.
- If CCN is correct, no further action is needed.

561

### Retro Medicare-Debit Request in Process

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- Beneficiary was eligible for Medicare at date of service - recoupment request is in process
- DHHS has identified the need for an adjustment and has already debited provider's account or is scheduled to adjust in the near future.

562

### Retro Health-Debit Request in Process

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- DHHS has identified the need for an adjustment (In-patient/Out-patient Institutional, Nursing Home and Ambulance Medical Transportation).
- Recipient was covered by other insurance carrier at date of service
  - a debit adjustment will occur if SCDHHS does not receive a refund check or if MIVS does not receive appropriate information.

563

### Pay & Chase-Debit Request in Process

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- DHHS has identified the need for an adjustment.
- SC Medicaid paid claim due to type of care
  - a debit adjustment will occur if SCDHHS does not receive a refund check or if MIVS does not receive appropriate information.

568

### Corresponding adjustment (Void) is suspended or denied

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- Replacement claim will suspend or deny when the Void claim fails to process.
- Determine if Void “U” claim processed incorrectly.
  - If Void “U” claim processed incorrectly, resubmit corrected Form 130 with Replacement claim.

569

### Original CCN is invalid on adjustment claim

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- Form 130 cannot be submitted to void a “U” claim.

## Adjustments on the Remittance Advice

The original Claim Control Number and other claim details appear on both the void and replacement lines.

### Sample: Void/Replacement (same payment cycle)

This sample shows two rejected claims, as well as a Void/Replacement claim for which both the Void and the Replacement processed during the same payment cycle.

PROVIDER ID.	DEPT OF HEALTH AND HUMAN SERVICES	PROFESSIONAL SERVICES	PAYMENT DATE	PAGE
123456	SOUTH CAROLINA MEDICAID PROGRAM	REMITTANCE ADVICE	06/10/2005	1
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	TITLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
12345	04060010890004		0.00	0.00
54321	0434500040810000A	19971.32 0.00R 0987654321 B SMITH		
	01	111704  31255  2937.58  0.00 R	0SG	0.00  0.00
	02	111704  31255  2937.58  0.00 R	0SG	0.00  0.00
	03	111704  31032  3524.04  0.00 R	0SG	0.00  0.00
	04	111704  31032  3524.04  0.00 R	0SG	0.00  0.00
	05	111704  31276  3524.04  0.00 R	0SG	0.00  0.00
	06	111704  31276  3524.04  0.00 R	0SG	0.00  0.00
		EDITS: L01 709		
		EDITS: L00 205 L02 892		
		EDITS: L04 032 L00 032		
00001	0406001089000400U	VOID OF ORIGINAL CCN 0404711253670430A PAID 02/28/04		
	01	012104  45380  1585.76  291.30 P	0SG	2.00  0.00
	02	012104  43239  1418.86  146.65 P	0SG	0.00  0.00
00001	0407701389002500A	REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04		
	01	012104  45380  1585.76  291.30 P	0SG	2.00  0.00
	02	012104  43239  1418.86  146.65 P	0SG	0.00  0.00
		\$437.95		
		G TOT MEDICAID PG TOT		
		CERTIFIED AMT MEDICAID TOTAL		
		FEDERAL RELIEF MAXIMUS AMT CHECK TOTAL		
		\$0.00		
		CHECK NUMBER		
FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".		STATUS CODES:		PROVIDER NAME AND ADDRESS
IF YOU STILL HAVE QUESTIONS PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.		P = PAYMENT MADE R = REJECTED S = IN PROCESS E = ENCOUNTER		ABC SURGERY CENTER  PO BOX 000000  ANYWHERE SC 00000

If a Void and its Replacement process in the same payment cycle, they are reported together on the Remittance Advice along with other listed claims.

Void

Replacement

This is in addition to being reported in the Void Only section of the RA.

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES										PAYMENT DATE		PAGE
AAB888		SOUTH CAROLINA MEDICAID PROGRAM										03/26/2004		2
CLAIM ADJUSTMENTS														
PROVIDERS	CLAIM	SERVICE RENDERED		AMOUNT	TITLE	19	S	RECIPIENT	RECIPIENT NAME	M	ORG	ORIGINAL CCN		
OWN REF.	REFERENCE	PY	DATE(S)	BILLED	PAYMENT	T		ID.	F	M	O	CHECK		
NUMBER	NUMBER	IND	MDDYY	PROC.	MEDICAID	S		NUMBER	LAST NAME	I	I	D	DATE	
TSS888888	0406001089000400U	01	012104	A0425	513.00-	197.71-		9999999999	LARK	M		022804	0404711253670400A	
		02	012104	A0434	453.00	160.71-P								
TSS888888	0406001090000401U	01	012104	A0425	5								70400A	
		02	012104	A0434										
TSS888888	VOID OF ORIGINAL CCN 0404711253670400A PAID 02/28/04	01	012104	A0425	1412.00-	273.71-		9999999999	LARK	M		022804	0404711253670430A	
		02	012104	A0434	1112.00-	143.71-P								
TOTALS			3		1539.00-	593.13-								
FEDERAL RELIEF												TO BE REFUNDED		
PRIOR TO THIS												IN THE FUTURE		
REMITTANCE												0.00		
ADJUSTMENTS												0.00		
MAXIMUS AMT														
YOUR CURRENT DEBIT BALANCE												593.13		
CHECK TOTAL												0.00		
CHECK NUMBER														
PROVIDER NAME AND ADDRESS														
MOOD MED CTR														
PO BOX 100000														
ADDRESS												SC 20000		

Also reported with its Replacement in the Paid Claims section (or first part of) the RA.

Even though the Void is reported twice, the money is only voided and taken back once.

**Sample: Void/Replacement (not same payment cycle)**

There will be times when the Void and Replacement claims do not process during the same payment cycle. When this occurs, they will be reported on separate RAs.

PROVIDERS		CLAIM	SERVICE RENDERED	AMOUNT	TITLE 19	RECIPIENT	RECIPIENT NAME	M	TLE. 18	COPAY	TITLE	
OWN REF.	REFERENCE	DATE(S)	BILLED	PAYMENT	T	ID.	F M	O	ALLOWED	ANT	18	
NUMBER	NUMBER	PY IND	MDDYY	PROC.	MEDICAID	S	NUMBER	I I	LAST NAME	D	CHARGES	PAYMENT
TSS888888	0406001089000400A			1192.00	243.71	P	9999999999	M	LARK		0.00	
	01	021504	A0428	800.00	117.71	P					0.00	
	02	021504	A0425	392.00	126.00	P					0.00	
TSS888888	0406001101020400A			12.00	273.71	P	9999999999	M	LARK			
	01	021204	A0425	1112.00	143.71	P						
	02	012104	A0434	300.00	130.00	P						
REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04												
TSS888888	0407701389002500A			1001.50	42.75	P	9999999999	M	LARK		0.00	
	01	012104	A0425	142.50	42.75	P					0.00	
	02	012104	A0434	859.00	0.00	R					0.00	
TOTALS			2	2193.50	286.46					0.00	0.00	

FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS PHONE THE D.H.H.S. NUMBER SPECIFIED FOR INQUIRY OF CLAIMS IN THAT MANUAL.

CERT. PG TO \$0.00

CERTIFIED AMT \$0.00

FEDERAL RELIEF MAXIMUS AMT \$0.00

CHECK TOTAL \$0.00

CHECK NUMBER

Replacement

The Void would have been reported on a previous RA since the Replacement claim cannot process until the Void had processed.



### Sample: Claim-level void

Claim-level adjustments are reported with corresponding detail information. (This sample shows a claim-level Void without a corresponding Replacement claim.)

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES										PAYMENT DATE		PAGE
123456		SOUTH CAROLINA MEDICAID PROGRAM										06/10/2005		2
CLAIM ADJUSTMENTS														
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE RENDERED PY IND	DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19(S) PAYMENT(T MEDICAID(S)	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME I	M F	ORG M O	CHECK I D	DATE	ORIGINAL CCN	
ABB222222	04060010890004000U	01	012104	J9999	513.00-	197.71-	1112233333	CLARK	M		042805	0404711253670430A		
		02	012104	96408	60.00	33.00-				0000				
TOTAL		1			513.00-	193.71-								

Void

These Void Only adjustments are reported on a separate page of the Remittance Advice.

### Sample: Gross-level adjustment

Gross-level adjustments always appear on the final page of the Remittance Advice.

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES										PAYMENT DATE		PAGE
123456		SOUTH CAROLINA MEDICAID PROGRAM										03/26/2004		3
ADJUSTMENTS														
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S) MMDDYY	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME I I	ORIG. CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS REFUND				
TPL 2	04086000037000000U	-							DEBIT	-2389.05				
999999	0000000009999999U	-							DEBIT	-1949.90				
PAGE TOTAL:										4338.95	0.00			

Claim-level adjustments and Gross-level adjustments are reported separately with the Claim-level adjustments reported first.