

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 July 2024



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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.

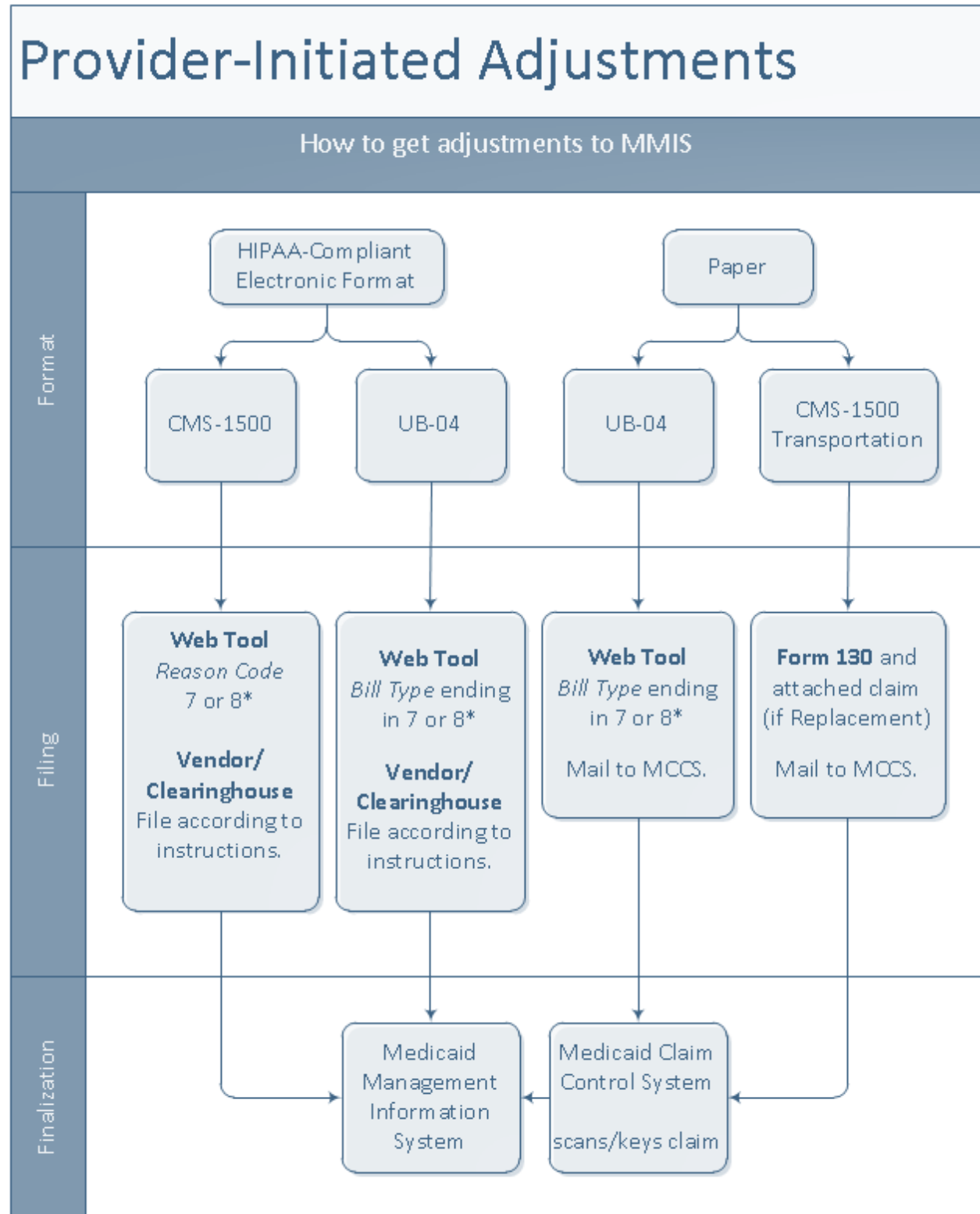
	Gross-Level Adjustment	Claim-Level Adjustment
Definition	A debit or credit initiated by South Carolina Medicaid	A Void or Void/Replacement initiated by provider or Medicaid
Scope	<ul style="list-style-type: none"> Not tied to a particular claim or member Can adjust multiple claims at one time 	<ul style="list-style-type: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

- Home Health
- Chiropractic
- Mental Health
- Private Rehabilitation

Void vs. Void/Replacement

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

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 Member 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)

☐ Insurance payment different than original claim
☐ Keying errors
☐ Incorrect recipient billed
☐ Voluntary provider refund due to health insurance
☐ Voluntary provider refund due to casualty
☐ Voluntary provider refund due to Medicare

☐ Medicaid paid twice - void only
☐ Incorrect provider paid
☐ Incorrect dates of service paid
☐ Provider filing error
☐ Medicare adjusted the claim
☐ Other

For Agency Use Only

Analyst ID:

☐ Hospital/Office Visit include
☐ Independent lab should be
☐ Assistant surgeon paid as primary surgeon
☐ Multiple surgery claims submitted for the same DOS
☐ MMIS claims processing error
☐ Rate change

☐ Web Tool error
☐ Reference File error
☐ MCCS processing error
☐ Claim review by Appeals

Comments:

Signature: _____ Date: _____

Phone: _____

DHHS Form 130 Revision date: 03-13-2007

UB-04 Adjustments

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

1		2		3a PAT. CNTL. # b. MED. REC. # 5 FED. TAX NO.		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 OCCURRENCE DATE		21 OCCURRENCE DATE		22 OCCURRENCE DATE		23 OCCURRENCE DATE	
24 CODE		25 CODE		26 CODE		27 CODE	
28							
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30							
31							
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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.** | Claims | 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 | **Adjustment** | Diagnosis Codes | Det Lines | Documents | Other Coverage

Create Adjustment

☒ Initiate adjustment request

Original CCN Reason Code

Accident Info

Auto Accident? ☐ 7 - Void/Replace
8 - Void Only

Employment Accident? ☐

Other Accident? ☐

EPSDT Referral Needed? ☐ EPSDT Ref. Type

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

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.

Healthy Connections MEDICAID

Please select a provider to work with: Select

Logout Home

Change PWD

Click on Enter New Claim.

UB-04 Pending Claims

Enter New Claim Copy Sel Delete Sel View Sel

Search Name

Healthy Connections MEDICAID

Please select a provider to work with: Select

Logout Home

Change PWD Reports Eligibility Claims Entry Claim Submission Lists History

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: 111 - Inpatient hospital, admit through discharge claim

Orig. CCN: [Please Select One]

Covered Days: 0

MHN Referral Num: [Please Select One]

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

Replacement claim? Bill type 7
Void Only? Bill type 8

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

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

Edit Codes

534

Provider number does not match

- 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 Member ID must match)

- Claim number and/or member 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 member 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)

- 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

- 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

- DHHS has identified the need for an adjustment (In-patient/Out-patient Institutional, Nursing Home and Ambulance Medical Transportation).
- Member 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

- 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

- 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

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

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

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				REMITTANCE ADVICE		06/10/2005		1	
		SOUTH CAROLINA MEDICAID PROGRAM							
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	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.				TITLE 18 DCHARGES	COPAY AMT	TITLE 18 PAYMENT	
12345	040600010890004					OSG	0.00	0.00	
				EDITS: L01 709					
54321	0434500040810000A	19971.32 0.00 R 0987654321B SMITH							
	01	111704	31255	2937.58	0.00 R	OSG	0.00	0.00	
	02	111704	31255	2937.58	0.00 R	OSG	0.00	0.00	
	03	111704	31032	3524.04	0.00 R	OSG	0.00	0.00	
	04	111704	31032	3524.04	0.00 R	OSG	0.00	0.00	
	05	111704	31276	3524.04	0.00 R	OSG	0.00	0.00	
	06	111704	31276	3524.04	0.00 R	OSG	0.00	0.00	
				EDITS: L00 205		L02 892			
				EDITS: L04 892		L06 892			
00001	04060001089000400U	VOID OF ORIGINAL CCN 0404711253670430A PAID 02/28/04							
	01	012104	45380	1585.76	291.30 P	OSG	2.00	0.00	
	02	012104	43239	1418.86	146.65 P	OSG	0.00	0.00	
00001	04077013890002500A	REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04							
	01	012104	45380	1585.76	291.30 P	OSG	2.00	0.00	
	02	012104	43239	1418.86	146.65 P	OSG	0.00	0.00	
				\$437.95					
				G TOT					
				MEDICAID PG TOT					
				CERTIFIED AMT					
				MEDICAID TOTAL					
				CHECK TOTAL					
				CHECK NUMBER					
FOR AN EXPLANATION OF THE ERROR CODES LISTED ON THIS FORM REFER TO: "MEDICAID PROVIDER MANUAL".				STATUS CODES:		PROVIDER NAME AND ADDRESS			
				P = PAYMENT MADE		ABC SURGERY CENTER			
				R = REJECTED					
				S = IN PROCESS		PO BOX 000000			
				E = ENCOUNTER		ANYWHERE SC 00000			
IF YOU STILL HAVE QUESTIONS PHONE THE D.H.H.S. NUMBER									
SPECIFIED FOR INQUIRY OF									
CLAIMS IN THAT MANUAL.									
FEDERAL RELIEF		MAXIMUS AMT		CHECK TOTAL		CHECK NUMBER			

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

PROVIDER ID.		DEPT OF HEALTH AND HUMAN SERVICES		CLAIM ADJUSTMENTS		PAYMENT DATE		PAGE	
AAB888		SOUTH CAROLINA MEDICAID PROGRAM				03/26/2004		2	
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE RENDERED PY DATE(S) IND MDDYY	AMOUNT BILLED MEDICAID	TITLE 19 PAYMENT S	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME I I	M F M I O I I	ORG CHECK DATE	ORIGINAL CCN
TSS888888	0406001089000400U	01 02	012104 012104	A0425 A0434	513.00- 453.00	197.71- 160.71-P	9999999999	LARK M OHH	022804 0404711253670400A
TSS888888	0406001090000401U	01 02	012104 012104	A0425 A0434	513.00- 453.00	197.71- 160.71-P	9999999999	LARK M OHH	022804 0404711253670400A
TSS888888	VOID OF ORIGINAL CCN 0404711253670400A PAID 02/28/04	01 02	012104 012104	A0425 A0434	1412.00- 1112.00- 300.00-	273.71- 143.71-P 130.00-P	9999999999	LARK M OHH OHH	022804 0404711253670400A
TOTALS		3			1539.00-	593.13-			
PRIOR TO THIS REMITTANCE		0.00		0.00		0.00		0.00	
YOUR CURRENT DEBIT BALANCE		593.13		0.00		0.00		0.00	
ADJUSTMENTS		0.00		0.00		0.00		0.00	
CHECK TOTAL		0.00		0.00		0.00		0.00	
MAXIMUM ANT		0.00		0.00		0.00		0.00	
CHECK NUMBER									
FEDERAL RELIEF		0.00		0.00		0.00		0.00	
TO BE REFUNDED IN THE FUTURE		0.00		0.00		0.00		0.00	
PROVIDER NAME AND ADDRESS		HOOD MED CTR		PO BOX 100000		ADDRESS		SC 20000	

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	I I LAST NAME	O	ALLOWED	AMT	18
NUMBER	NUMBER	PY IND	MDDYY	PROC.	MEDICAID	S	NUMBER		D	CHARGES	PAYMENT	
TSS888888	0406001089000400A				1192.00	243.71	P	9999999999	M			0.00
	01	021504	A0428		800.00	117.71	P			OHH		0.00
	02	021504	A0425		392.00	126.00	P			OHH		0.00
TSS888888	0406001101020400A				12.00	273.71	P	9999999999	M			0.00
	01	012104	A0425		1112.00	143.71	P			OHH		0.00
	02	012104	A0434		300.00	130.00	P			OHH		0.00
REPLACEMENT OF ORIGINAL CCN 0404711253670430A PAID 02/28/04												
TSS888888	0407701389002500A				1001.50	42.75	P	9999999999	M			0.00
	01	012104	A0425		142.50	42.75	P			OHH		0.00
	02	012104	A0434		859.00	0.00	R			OHH		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 TOV
\$0.00
CERTIFIED A
\$0.00
\$0.00
FEDERAL RELIEF
MAXINUS AMT
CHECK TOTAL
CHECK NUMBER

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				CLAIM ADJUSTMENTS		PAYMENT DATE		PAGE	
123456		SOUTH CAROLINA MEDICAID PROGRAM						06/10/2005		2	
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE RENDERED PY IND	DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME	F M O I I I	ORG CHECK DATE	ORIGINAL CCN
ABB222222	0406001089000400U	01	012104	J9999	513.00-	197.71-	1112233333	CLARK	M	042805	0404711253670430A
		02	012104	96408	60.00	33.00-	P			000	
TOTAL			1		513.00-	193.71-					

Void

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

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				ADJUSTMENTS		PAYMENT DATE		PAGE
123456		SOUTH CAROLINA MEDICAID PROGRAM						03/26/2004		3
PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	SERVICE DATE(S) MMDDYY	PROC / DRUG CODE	RECIPIENT ID. NUMBER	RECIPIENT NAME LAST NAME	ORIG. F M CHECK DATE	ORIGINAL PAYMENT	ACTION	DEBIT / CREDIT AMOUNT	EXCESS REFUND
TPL 2	0408600003700000U	-						DEBIT	-2389.05	
999999	0000000000999999U	-						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.