Colorado Medical Assistance Program
P.O. BOX 90
DENVER, CO 80201-0090

Adjustment Transmittal

Complete a separate Adjustment Transmittal for each claim and include the following:
1) Attach a copy of the replacement claim (when applicable – see directions)
2) A copy of the Provider Claim Report (PCR) showing the most recent payment
3) Medicare/TPL - A copy of the Standard Paper Remittance (SPR[when applicable])
Do not use to rebill denied claims

Provider Name	Claim Type:
Street Address (Address used to Return To Provider [RTP])	☐ Colorado 1500 ☐ 837P
City, State, Zip Code	☐ Pharmacy ☐ EPSDT
Telephone Number	☐ Dental ☐ 837D
	☐ UB-04 ☐ 837I
Billing Provider Medicaid ID Number	Billing Provider National Provider Identifier (NPI)

ALL FIELDS BELOW MUST BE COMPLETED

Client ID Number	Client Name
Date of Service	Provider Claim Report (PCR) Date

Do not use the Adjustment Transmittal to rebill denied or already voided claims.

Adjustment Transmittals are used to adjust paid claims only.

Enter the Transaction Control Number (TCN) below(14 or 17 characters):

Three-digit reason code indicating the reason for the Adjustment

☐ 406 claim replacement - Requires a replacement claim to include original claim data plus amended and/or additional services and charges (on the replacement claim, please highlight the amended information). For example, if you are adding a line to the claim, include the original claim information plus the additional line and charges associated. If the original claim had one line, the replacement claim should now show two lines.

☐ 412 claim credit (recovery) – Replacement claim not required. This will void the entire claim and produce a take back for the entire amount. Rebill when appropriate.

Date	By (Provider Signature)

FISCAL AGENT USE ONLY

Reply (notes) and RTP reason code

Unarchive required ☐ Yes ☐ No

Directions for Completing the Adjustment Transmittal

The Adjustment Transmittal form must be completed correctly and legibly. **Do not use the Adjustment Transmittal form to rebill denied or claims that have already been voided. Adjustment Transmittals are used to adjust paid claims only.** Read the information on the face of the form to ensure proper completion.

When requesting a claim replacement (406)	When requesting a claim credit (412)
Submit a **paper** copy of the replacement claim. A replacement claim must include original claim data plus amended and/or additional data.	Submit separate attachments for each claim.
Please highlight the payment claim on a copy of the Provider Claim Report (PCR) showing the incorrect payment.	Submit a separate Adjustment Transmittal form for each claim.
Submit a separate Adjustment Transmittal form for each claim.	Please highlight the payment claim on a copy of the Provider Claim Report (PCR) showing the incorrect payment.
Submit separate attachments for each claim.	

FIELD LABEL	INSTRUCTIONS
PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER	Enter the name, address, and telephone number of the provider requesting the adjustment.
CLAIM TYPE	Check the appropriate box to indicate the original claim type being adjusted.
BILLING PROVIDER MEDICAID ID NUMBER	Enter the eight-digit Medical Assistance Program provider number assigned to the billing provider.
BILLING PROVIDER NPI	Enter the provider's 10-digit NPI.
CLIENT ID NUMBER	Enter the client's state identification number as it appears on the PCR.
CLIENT NAME	Enter the client's name as it appears on the PCR.
DATE OF SERVICE	Enter the date of service shown on the PCR.
PROVIDER CLAIM REPORT DATE	Enter the run date located in the upper left hand corner of the PCR.
TRANSACTION CONTROL NUMBER (TCN)	Enter the 14-digit (Pharmacies only) **or** 17-digit TCN for the claim being adjusted exactly as it appears on the PCR.
THREE-DIGIT REASON CODE	Check the three-digit reason code for the adjustment.
DATE/BY	Enter the authorized signature and date signed. An adjustment represents a claim amendment and is subject to the same signature and date requirements as any claim. If the Adjustment Transmittal form is not signed and dated, the submission is returned to the provider.
REPLY	DO NOT mark or write in this space. This area is used by the fiscal agent for a reply to the provider (if necessary).