

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	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.
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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).

