



Section 6 - Adjustments

SECTION 6 - ADJUSTMENTS

6.1 GENERAL REQUIREMENTS..... 2

**6.2 INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL ADJUSTMENT
REQUEST FORM 3**

6.2.A INSTRUCTIONS FOR COMPLETION OF INDIVIDUAL ADJUSTMENTS VIA THE
INTERNET 5

6.3 EXPLANATION OF THE ADJUSTMENT TRANSACTIONS..... 5



Section 6 - Adjustments

SECTION 6-ADJUSTMENTS

6.1 GENERAL REQUIREMENTS

Providers who are paid incorrectly for a claim should use the Individual Adjustment Request form to request an adjustment. Providers may submit individual adjustment requests via the Internet. Adjustments may *not* be requested when the net difference in payment is less than \$4.00, or \$.25 for pharmacy, per claim. If the adjustment is due to an insurance payment, or involves Medicare, the \$4.00, or \$.25, minimum limitation does *not* apply.

In some instances, more than one change may be necessary on a claim. ALL the changes to the claim *must* be addressed on the same Individual Adjustment Request form. Specify all the changes required, addressing each change separately. Field #15 of the form may be used to provide additional information.

More than one claim *cannot* be processed per Individual Adjustment Request form. Each adjustment request addresses one particular claim. A separate Individual Adjustment Request form *must* be completed for *each* claim that requires changes, even if the changes or errors are of a similar nature or are for the same patient.

Providers submitting adjustment requests for change of procedure codes *must* provide documentation for these changes. A copy of the original claim and the medical or operative report *must* be attached, along with any other information pertaining to the claim.

If an adjustment does *not* appear on a Remittance Advice within 90 days of submission, a copy of the original Individual Adjustment Request and attachments should be resubmitted. Photocopies are acceptable. Mark this copy with the word TRACER. Submitting another request without indicating it as a TRACER can further delay processing. Adjustments for claim credits submitted via the Internet get a confirmation back the next day after submission to confirm the acceptance and indicate the status of the adjustment. If the Internal Control Number (ICN) on the credit adjustment is *not* valid, the confirmation file indicates such. If no confirmation is received, the provider should resubmit the claim credit.

If a claim has been adjusted but the payment is still incorrect, another adjustment may be requested. The Internal Control Number (ICN) from the most recent payment *must* be used on the Individual Adjustment Request (the ICN begins with a 50 or 55).

NOTE: An ICN beginning with 70 or 75 represents a credit/recoupment and *cannot* be adjusted. A new claim *must* be filed to be reconsidered for payment.

See Section 4 for timely filing requirements for adjustments and claim resubmissions.



Section 6 - Adjustments

Individual Adjustment Requests are to be submitted to the address shown on the form:

MO HealthNet Division
 Adjustment Unit
 P.O. Box 6500
 Jefferson City, MO 65102

Individual Adjustment Requests are *not* accepted by telephone.

Individual adjustments may be done via the Internet. The web site address is www.emomed.com. Providers wishing to access the Internet web site, www.emomed.com, *must* complete the on-line Application for MO HealthNet Internet Access Account. Please reference <http://dss.missouri.gov/mhd/> and click on the Apply for Internet Access link. Providers are unable to access www.emomed.com without proper authorization. An authorization is required for each individual user. NOTE: Providers *must* be enrolled as an electronic billing provider. See Section 2.1.D.

6.2 INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL ADJUSTMENT REQUEST FORM

Fields with an asterisk (*) are required information and *must* be completed.

Check the appropriate box at the top of the form indicating whether the adjustment is to correct an overpayment or underpayment.

FIELD NUMBER & NAME	INSTRUCTIONS FOR COMPLETION
1. Claim Copy	A copy of the original claim may be attached to the adjustment to assist in processing.
2. Remittance Advice Copy	A copy of that Remittance Advice page <i>must</i> be attached to the Individual Adjustment Request form.
*3. Internal Control Number (ICN)	Enter the 13-digit ICN from the Remittance Advice for the claim in question.
*4. Participant MO HealthNet Number	Enter the eight-digit MO HealthNet ID number as printed on the Remittance Advice.
*5. Provider Label	Place the provider label in this space. If a provider does <i>not</i> use the label, they <i>must</i> enter their provider number, name, and address in this space. Use of the provider



Section 6 - Adjustments

- label saves time and helps eliminate errors.
- *6. Participant Name Enter the participant's name as shown on the ID card.
 - 7. Remittance Advice Date Enter the Remittance Advice date.
 - R.A. Page Number Enter the page number from the upper right corner of the Remittance Advice that pertains to the claim in question.
 - 8. Qty/Units Under "Information on Remittance Advice" enter the incorrect quantity or units as shown on the Remittance Advice. Under "Corrected Information" enter the corrected quantity or units.
 - 9. NDC/Procedure Code Under "Information on Remittance Advice" enter incorrect national drug code (NDC) or procedure code shown on the Remittance Advice. Under "Corrected Information" enter the corrected NDC or procedure code.
 - 10. Service Date(s) Under "Information on Remittance Advice" enter the service date as it appears on the Remittance Advice. Under "Corrected Information" enter the corrected date of service.
 - 11. Billed Amount Under "Information on Remittance Advice" enter the billed amount as it appears on the Remittance Advice. Do *not* put the payment amount in this location. Under "Corrected Information" enter the corrected billed amount.
 - 12. Paid Amount Under "Information on Remittance Advice" enter the paid amount as it appears on the Remittance Advice. Under "Corrected Information," the correct payment amount may be entered.
 - 13. Patient Surplus (Nursing Home, Mental Health Facilities, For correction of patient surplus (participant liability) amount, enter the patient surplus shown on the Remittance Advice under



Section 6 - Adjustments

and Hospice)	“Information on Remittance Advice.” Enter the corrected patient surplus under “Corrected Information.”
14. Other Resources (TPL) (Identify Source)	For other resource payment, enter the amount paid by the other resource under “Corrected Information” and give the name of the source.
15. Other/Remarks	Enter the specific reason for this request, if <i>not</i> specified elsewhere, and any other information pertinent to this claim. This field may be used to provide additional information for any of the previous lines, or additional pages may be attached. Do <i>not</i> use a second Individual Adjustment Request as the second page.
*16. Provider’s Signature	The signature of the provider or other authorized party is entered on this line.
Date	The date the request is completed is entered on this line.

* Required field.

6.2.A INSTRUCTIONS FOR COMPLETION OF INDIVIDUAL ADJUSTMENTS VIA THE INTERNET

When a provider bills electronically it is expected that the adjustments or voids will be done electronically. To do these on line the provider logs onto the MO HealthNet billing site at www.emomed.com. Click on "View Claim Status" to adjust or void a claim. Enter the information requested and **click** on the "submit" button. Choose the correct claim and click on the "resubmit" button. This will bring up the claim to be corrected. This option is chosen for both claim adjustments and voids. The provider must make a choice of "Claim Frequency Type Code". If the provider is still billing paper claims they may still send in paper adjustment forms. Electronic claims over two years old may not be adjusted on line.

6.3 EXPLANATION OF THE ADJUSTMENT TRANSACTIONS

There are two (2) types of adjustment transactions:



Section 6 - Adjustments

1. An adjustment that credits the original payment and then repays the claim based on the adjusted information appears on the Remittance Advice as a two-step transaction consisting of two ICN's.
 - An ICN beginning with 70 or 75, credits or recoups the original paid amount and
 - An ICN beginning with 50 or 55 debits or repays the account with the corrected payment amount.
2. An adjustment that credits or recoups the original payment but does *not* repay the claim (resulting in zero payment) appears on the Remittance Advice with a 70 or 75 ICN only. (There is no accompanying 50 or 55 ICN.)

END OF SECTION

[TOP OF PAGE](#)