



INSTRUCTIONS FOR COMPLETING ELECTRONIC ADJUSTMENTS

- Note 1:** Adjustments are accepted only for claims in a Paid status. Adjustments cannot be made on claims in suspense or claims that are not fully adjudicated.
- Note 2:** Adjustment claims **MUST** match the following 3 elements from the original claim you wish to adjust: ICN, Provider ID, and patient MID.

I. A. To VOID (recoup) a Claim using PES Software

1. Rebuild the claim.

- a. Click on original electronic paid claim (status F). Click OK in pop up window. Click Copy then Save. Original claim information will self-populate fields.

OR

- b. Use information from original paid paper claim to fill PES claim fields exactly as on paper.

2. Indicate Adjustment Code

- a. For **Detail Paid (HCFA)** claims, click ↓ for Claim Frequency field on Header 1. Select 8-Void.
- b. For **Header Paid (UB92)** claims, change last digit of 3 digit code in Type of Bill field to 8.

For example, If Type of Bill was originally 333, change to **338**.

3. Enter original claim 15 digit Internal Control Number (ICN) in Original Claim # field.

4. Press SAVE. (Void claim will go into Ready status to be sent electronically.)

B. Reading the RA

Accepted Void Electronic requests will create a new version of the claim, as currently occurs with the paper adjustment process. This new version will report in the Adjustments Section of the RA and will be denied with EOB 636 – “Electronic Void Adjustment Accepted”. This causes the original payment to be recouped in full.

Rejected Void requests will create a new claim that is denied. The two primary rejections are EOB 737 – “Electronic Adjustment Rejected. Original Claim not in Paid status” and EOB 736 – “Electronic Adjustment Rejected. Original Claim Not Found”. This will appear in the Denied Claims section of the Remittance Advice.

II. A. To REPLACE (adjust) a Claim using PES Software

Note: Original claims with incorrect Provider ID or MID cannot be replaced, they must voided.

1. Rebuild the claim.

- a. Click on original electronic paid claim (status F). Click OK in pop up window. Click Copy. Original claim information will self-populate fields.

OR

- b. Use information from original paid paper claim to fill PES claim fields exactly as on paper.

2. Indicate Adjustment Code

- a. For **Detail Paid (HCFA)** claims, click ↓ for Claim Frequency field on Header 1. Select 7 - Replace.
- b. For **Header Paid (UB92)** claims, change last digit of 3 digit code in Type of Bill field to 7.
For example. If Type of Bill was originally 333, change to **337**.

3. Enter original claim 15 digit Internal Control Number (ICN) in Original Claim # field.

4. Make corrections (adjustments) to desired fields.

5. Press SAVE. (Replacement claim will go into Ready status to be sent electronically.)

B. Reading the RA

Accepted Electronic Replacement requests will create a new version of the claim, as currently occurs with the paper recoup process. This new version will report in the Adjustments Section of the RA and be denied with EOB 220 - "Electronic Adjustment Accepted. See New ICN." This causes the original payment to be recouped.

Then a new claim (new ICN) is created with the replacement data provided. This new claim will process like a regular new claim and will be reported in the paid or denied section of the Remittance advice.

Rejected Replacement requests will create a new claim that is denied. The two primary rejections are EOB 737 – "Electronic Adjustment Rejected. Original Claim not in Paid status" and EOB 736 – "Electronic Adjustment Rejected. Original Claim Not Found." This will appear in the Denied Claims section of the Remittance Advice.

III. Submitting Adjustments from Software other than PES.

All electronic adjustments must be submitted via the HIPAA compliant 837 Claim Transaction Sets via our web portal. We utilize the claim submission reason code (Loop 2300 CLM05-3) to identify the adjustment. We accept codes 7 (replacement claim) and 8 (void claim) for electronic adjustment processing. To submit an electronic adjustment, the adjustment claim MUST match the following 3 elements from the original claim you wish to adjust: ICN (Loop 2300 REF02 where REF01=F8), Provider ID, and patient MID.