



## Single Claim Adjustment Request Form

Internal Control Number (ICN): \_\_\_\_\_ Detail #: \_\_\_\_\_  All Details  
 Beneficiary Name: \_\_\_\_\_ Beneficiary #: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 VT Medicaid Provider #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Taxonomy Code(s): \_\_\_\_\_  
 From DOS: \_\_\_\_\_ To DOS: \_\_\_\_\_  
 Billed Amount: \_\_\_\_\_ Paid Amount: \_\_\_\_\_ R/A Date: \_\_\_\_\_

### Please Specify Reason For Adjustment

- Change units from \_\_\_\_\_ to \_\_\_\_\_ with a detail billed amount of \$ \_\_\_\_\_
- Change procedure code from \_\_\_\_\_ to \_\_\_\_\_ w/ a detail billed amount of \$ \_\_\_\_\_
- Change the other insurance amount from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- Recoup and reprocess attached corrected claim:

Recoup:

Other:

**Important: This adjustment will not be processed unless all fields are completed.**

Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\* Gainwell Use Only \*\*\***

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Mail to: Gainwell Technologies, PO BOX 888, Williston, VT 05495-0888

# Instructions for Form Completion

Adjustment requests may be submitted to Gainwell when a claim is paid incorrectly. These requests can be initiated by the provider, Gainwell, or the Department of Vermont Health Access (DVHA). **All adjustments must be submitted on an Adjustment Request Form and all fields must be filled out with the correct information.**

Telephone requests are not accepted.

A new claim form with the correct information is required when changing the provider number, beneficiary number, or billed amount. Any request which does not have the proper attachments will be returned.

**Denied claims cannot be submitted as adjustment requests. A claim that has been denied should be corrected and resubmitted with all attachments as a new claim. Adjustment requests for denied claims will be returned to provider without being entered into our system.**

**Internal Control Number (ICN)** – The 15-digit ICN is found on the remittance advice directly following the beneficiary's identification number.

**Detail #** – It must include the detail numbers requiring adjustment. If all details for the ICN require adjustment simply indicate "ALL". Adjustment requests with the detail field empty or with a 00 will be returned to the provider.

**Beneficiary Name** – Enter the name of the beneficiary for which the paid claim is being adjusted.

**Beneficiary #** – Enter the Medicaid Identification number of the beneficiary for which the paid claim is being adjusted.

**Provider Name, Address, Provider # and/or NPI # and Taxonomy Code** – Enter the name, address, Medicaid provider number, NPI number and Taxonomy Code to whom the claim was paid. All five are required. Gainwell will return adjustment requests to provider if no provider number is given.

**From DOS** – Enter the "from date of service" for which the paid claim is being adjusted.

**To DOS** – Enter the "to date of service" for which the paid claim is being adjusted.

**Billed Amount** – Enter the billed amount for the claim/detail being adjusted.

**Paid Amount** – Enter the amount paid for the claim/detail being adjusted.

**R/A Date** – Enter the payment date from the Remittance Advice on which the claim/detail was paid.

**Please Specify Reason For Adjustment** – Enter reason adjustment is requested. If the adjustment is needed to change information on the claim you must include the corrected information.

**Signature and Date** – The adjustment request will be returned to the provider if a signature or date is not present.

## Gainwell Accepts Electronic Adjustments

You can submit electronic adjustments via the 837 claim transaction sets, via our web portal, or by PES (Provider Electronic Software). We accept codes 7 (replacement claim) and 8 (void claim).

To submit an electronic adjustment, your adjustment claim must have the following from the claim you wish to adjust: Provider ID, Beneficiary ID (MID), and paid claim's ICN (15 digit number). You may only adjust claims in a paid status (denied or suspending claims cannot be adjusted electronically). Replacement adjustments will recoup the paid claim (with EOB 220) and replace the new claim. A new claim with a new ICN is created with the replacement data. Void adjustments will recoup the original paid claim with EOB 636, but no new claim is created.