# Claim Adjustment Handbook

HEALTH SYSTEMS DIVISION

Instructions for Provider Web Portal
and OHP 1036 claim adjustments
for Oregon Medicaid providers

March 2019

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# Introduction

The *Claim Adjustment* handbook is a guide to help providers who bill for Medicaid services to review and adjust paid claims through the secure Provider Web Portal at https://www.or-medicaid.gov. It provides step-by-step instructions on how to:

- Search for a claim
- Adjust or void a paid claim

It also includes instructions for submitting adjustments on paper using the OHP 1036 form.

Use this handbook with the Oregon Administrative Rules (OARs) and any related supplemental information for billing.

## Before submitting an adjustment

There are two ways to reconcile overpayments. You can do one or the other; **do not do both**:

- **Submit an adjustment request as described in this handbook:** OHA will then recoup from your future payments to reconcile overpayments made to you; or
- **Submit a refund check for the amount of the overpayment:** If you do this, no adjustment request is needed. Send the check to the following address. Include your Oregon Medicaid provider number and any documentation needed to link your check to the appropriate claim or transaction:

  DHS/OHA Receipting Unit<br>
  ATTN: [Reason for check]<br>
  PO Box 14023<br>
  Salem, OR 97309

# OHA adjustment process

OHA's claims adjustment system is designed to correct both overpayments and underpayments made by OHA to Medicaid providers. The process is also used to report payments received from a patient's other resources after OHA has paid a claim.

Errors in payment cannot be eliminated completely, but they can be corrected quickly. Only adjudicated claims can be adjusted, and all payment adjustments are based on a specific claim. Denied claims can be re-billed with corrected information using the appropriate claim format.

OHA's adjustment process is designed to correct post-payment errors due to:

- Use of the wrong procedure code.
- Listing the wrong place or type of service.
- Errors entering data.
- Errors in the pricing file, provider file, or client file.

## Starting the adjustment process

When you realize that OHA has paid a claim incorrectly, submit an adjustment through the Provider Web Portal, 837 Electronic Data Interchange transaction, or by submitting a paper request on the OHP 1036 form. Do not submit a new claim.

Submit one (1) adjustment request per claim. If a claim requires multiple corrections, list them on a single request. If you need to submit attachments, you must complete the request on paper using a single OHP 1036 form.

### Information needed

When the original claim was paid, OHA sent a Remittance Advice (RA) statement to you to document payment of the claim. This RA for the original claim provides most of the information needed to submit an adjustment request.

If you need to correct information, the original claim can tell what wrong information resulted in the incorrect payment. The original claim is also useful to determine the line number of the claim that you need to correct.

- **For web requests:** Search for and review the claim on the Provider Web Portal. Enter appropriate corrections and click the "Adjust" button to submit the claim with corrections.
- **For paper requests:** You will need to list both the wrong and corrected information on the paper Individual Adjustment Request. You must show specifically what OHA needs to change, with both incorrect and correct information. You must also provide all other information requested on the OHP 1036 form.

## What happens at OHA

- **For web requests:** Once you correctly submit your adjustment, the adjustment is assigned an Internal Control Number (ICN) for identification and tracking purposes. The ICN is a 13-digit number. The first two digits are based on the type of claim submitted (see Appendix for a list of these two-digit codes). It then automatically enters OHA's computer system for processing. You will see the new claim status, ICN and allowed amount reflected after adjusting the claim.
- **For paper requests:** Staff review the form to ensure that all information entered on the form is complete and accurate. OHA assigns an ICN to the adjustment and enters it into the computer system.

The computer system then checks and cross-references the original claim against the adjustment. OHA's computer system can then track the adjustment by ICN. This allows OHA staff to process the adjustment and then approve, deny, or correct the claim in the same manner as the original claim.

## Adjustment process results

Once the adjustment request passes all reviews, OHA then takes steps to reconcile the underpayment or overpayment.

### When OHA owes the provider

If the original claim was underpaid, OHA's next regular payment to the provider will include the adjustment. The Remittance Advice (RA) statement will include information for both the original claim and the adjustment.

- The original claim will show a minus sign before the amount paid, with an Explanation of Benefit (EOB) message saying that OHA has deducted the original payment as a result of your adjustment request.
- This action deducts the original (incorrect, underpaid) payment before making a revised (correct, full) payment.
- The adjustment will show the correct amount paid, with an EOB message saying that this payment is a result of your adjustment request.

### When the provider owes OHA

If OHA overpaid the original claim, OHA's next regular payment to the provider will deduct the amount of the overpayment from the total amount due to the provider (not from individual claims listed on the RA).

The RA will list this deduction as an overpayment, using an ICN starting with "5". Overpayments carry an EOB message saying that OHA has adjusted the claim to reconcile an overpayment made to you.

If the amount of the current payment is not enough to cover the adjustment for the overpayment, the RA will carry an EOB message saying that the adjustment resulted in reduced payment, with accounts receivable set up for remainder. This means that OHA has set up an Accounts Receivable Claim against future payments to the provider.

The Financial Transactions section of the RA shows the amount deducted from the payment ("Recouped This Cycle").

# Web claim adjustment instructions

## When to submit a web adjustment

In order to use the web portal to adjust claims, you must have received your Personal Identification Number (PIN) and initial password from OHA. If you do not know your PIN and password, contact Provider Services at 800-336-6016 for assistance.

Do not submit a web adjustment when:

- **You need to re-bill a denied claim.** Denied claims cannot be adjusted; however, they can be copied, corrected, and submitted as new claims. Refer to the billing instructions for your claim type.
- **You need to submit hard copy attachments (*e.g.,* consent forms or op reports).** If you submit a Web adjustment for a procedure that requires attached documentation, the claim will suspend, then deny for missing documentation. Always bill on paper for claims that require attachments.
- **You need to bill for services more than a year after the date of service.** Claims past timely filing limits must be sent on paper.

## Before you adjust a web claim

The following list will help you to better understand what needs to be done prior to submitting a Web claim.

1. **Verify that you are signed on and are acting on behalf of the correct provider.** It is crucial to make sure you are logged on under the correct provider number because this is the provider OHA will pay.

2. **You must complete and submit the claim in its entirety in order to save the data entered.** Partially completed claims data cannot be saved.

3. **The session will end after 20 minutes of inactivity.** Any work or changes that have not been submitted will be lost.

4. **If the claim overpaid, void the claim before adjusting or resubmitting the claim.** OHA will recover the voided payment from future payments.

## How to search for a claim

The claim search screen allows you to search all of the claims associated with your provider number including claims submitted through the Web portal, EDI, and paper claims. You can view up to six years of historical claims data as well as all once-in-a-lifetime procedure claims.

Claim Search: 100203869A MCD

ICN 2006054300057
Client ID
TCN
FDOS
TDOS
Rendering Provider ID [ Search ]
Claim Type
Status
Date Paid
search
clear

### Claim search criteria

There are several different ways to search for a claim, but you must enter at least one of the following criteria in order to conduct a search:

- Internal Control Number (ICN)
- Client ID (recipient's Medicaid ID)
- Tracking Control Number (TCN)
- FDOS (From Dates of Service) and TDOS (To Dates of Service)
- Date Paid

This means you cannot search by Rendering Provider NPI, Medicaid Provider ID, Claim Type or Claim Status without entering at least one of the required criteria.

### To conduct a claim search

| Step | Action | Response |
|---|---|---|
| 1 | Click the Claims menu. | The claims drop-down list displays. |
| 2 | Click Search. | Claims Search screen displays. |
| 3 | Enter valid search criteria in the fields, or select the drop-down arrows to narrow your search. | |
| 4 | Click the Search button. | If multiple matches are found, the search results list displays.<br>■ If a single match is found, the individual claim opens.<br>■ If no match is found, the search results list displays ****No rows found**** |

### Claim results screen

Search results screen displays claim information matching the search criteria, starting with 10 most recent claims matching the criteria. There may be more than one page of search results. Use the "next "or "previous" link to move forward or backwards. You may also sort results under a specific column by clicking on the title of the column (one click will sort in ascending order, two will sort descending).

Search Results

| ICN | Client ID | FDOS | TDOS | Claim Type | Status | Date Paid | Amount Billed |
|---|---|---|---|---|---|---|---|
| 2207243612019 | 00040694 | 01/01/2006 | 01/01/2006 | PROFESSIONAL CLAIMS | PAID | 09/27/2007 | $100.00 |
| 2207256612008 | 00040694 | 10/01/2006 | 10/01/2006 | PROFESSIONAL CLAIMS | PAID | 09/27/2007 | $242.00 |
| 2207288612007 | 00050007 | 10/01/2006 | 10/01/2006 | PROFESSIONAL CLAIMS | PAID | 10/19/2007 | $42.96 |
| 2207283612002 | 00040694 | 10/11/2006 | 10/11/2006 | PROFESSIONAL CLAIMS | PAID | 10/19/2007 | $242.00 |
| 2207247612014 | 00001386 | 11/01/2006 | 11/03/2006 | PROFESSIONAL CLAIMS | PAID | 09/27/2007 | $510.00 |
| 2207256612006 | 00040694 | 11/01/2006 | 11/01/2006 | PROFESSIONAL CLAIMS | PAID | 09/27/2007 | $242.00 |
| 2207293612001 | 00001386 | 11/01/2006 | 11/01/2006 | PROFESSIONAL CLAIMS | PAID | 10/24/2007 | $345.34 |
| 5207293601004 | 00001386 | 11/01/2006 | 11/01/2006 | PROFESSIONAL CLAIMS | PAID | 10/24/2007 | $345.34 |
| 2207293612002 | 00001386 | 11/02/2006 | 11/02/2006 | PROFESSIONAL CLAIMS | PAID | 10/24/2007 | $345.34 |
| 5207293601005 | 00001386 | 11/02/2006 | 11/02/2006 | PROFESSIONAL CLAIMS | PAID | 10/24/2007 | $345.34 |

1 2 3 4 5 6 7 8 9 10 ... Next >

### Field descriptions

| Field | Description |
|---|---|
| ICN | Internal control number that uniquely identifies a claim meeting the selection criteria. |
| Client ID | An assigned number that uniquely identifies a member. |
| FDOS | From Date of Service for the claim. |
| TDOS | To Date of Service for the claim. |
| Claim Type | Indicates the type of claim. |
| Status | Identifies the status of the claim within the system. |
| Date Paid | Date the claim was paid. |
| Amount Billed | Amount billed for the claim. |

### To view a claim from the search results list

To view a claim from the list of search results, simply click on the line item associated with the claim you want to view. The completed claim will display. If the claim was paid, you can adjust or void the claim.

### To view a previously adjusted claim

If you select an adjusted claim from the search results, the claim display will include the Adjustment History screen.

- If the adjusted claim you are viewing is the mother claim (the original claim before adjustment), this screen lists information for the daughter claim (the original claim after adjustment).
- If you are viewing the daughter claim, this screen lists information for the mother claim.

Adjustment History

| ICN | Date Adjusted | Claim Status History Date | Claim Status | Adjustment Reason |
|---|---|---|---|---|
| 5907305601007 | 11/01/2007 | 11/01/2007 | DENIED | |

**Note:** On previously-adjusted claims, you can only adjust the most recent daughter claim in the adjustment history. All other claims listed on the Adjustment History are read-only, like suspended claims, and cannot be adjusted.

When you adjust a daughter claim, this creates a new daughter claim that is added to the adjustment history.

## How to adjust a claim

You can use the Web portal to request adjustments for paid (adjudicated) claims only. You cannot adjust denied claims.

Once the paid claim is selected from claims search, four (4) buttons will be displayed at the bottom of the screen: 1) cancel, 2) adjust, 3) void, and 4) copy claim.

### To adjust a paid dental or professional claim

The adjust button allows you to submit a modified dental or professional claim as an adjustment. Refer to the Web claim handbook for your claim type for specific information.

| Step | Action | Response |
| --- | --- | --- |
| 1 | Open the claim you wish to adjust | Claim will display. |
| 2 | Modify or update the claim data as necessary. | Claims Status Information is displayed. |
| 3 | Select the adjust button. | Claim ICN will change. |

### To adjust a paid pharmacy claim

The adjust button does not modify pharmacy claims at this time. Instead, you must submit adjustments for pharmacy claims by 1) voiding the paid claim, 2) creating a copy of the voided claim, and 3) correcting and re-submitting the claim.

### *To void a paid claim*

The void button allows you to void a previously paid claim. OHA will recoup any payments issued on the claim before it was voided.

| Step | Action | Response |
| --- | --- | --- |
| 1 | Select the void button. | Message displays at the top of the screen confirming void. |

When a void is successful, the following message displays.

| The following messages were generated: | | | |
| --- | --- | --- | --- |
| Message Description | Panel | Field | Row |
| Void Adjustment Successful | Dental Claim | | |

### *To correct and re-submit a paid pharmacy claim*

**Make sure to void the claim before submitting the adjustment.** The adjust button allows you to submit the modified claim as an adjustment. Refer to the Web claim handbook for your claim type for specific information.

| Step | Action | Response |
| --- | --- | --- |
| 1 | Open the claim you wish to adjust | Claim will display. |
| 2 | Select the void button | Void adjustment successful message displays. |
| 3 | Select the copy claim button | A copy of the voided claim displays |
| 4 | Modify or update the claim data as necessary. | Claims Status Information is displayed. |
| 5 | Select the submit button. | Claim ICN will change. |

# Appendix

## Internal Control Number (ICN) format

A claim's ICN is broken down into 4 sections. Each section identifies specific information about that claim.

- The region code tells how the claim originated.
- The Julian date is the claim date; the year ("16" for 2016) and the day ("255" for the 255th day in the calendar year).
- The batch number tells the claim type.
- The claim sequence indicates the claim's position in the batch.

Using this breakdown, the following ICN, 2316255301003 tells us that the claim originated as a Dental Web portal claim with attachments on September 12, 2016.

| Region Code | Julian date (YYDDD) | Batch Number | Claim Sequence |
|---|---|---|---|
| 23<br>*(Web claim with attachments)* | 16255<br>*(9/12/16)* | 301<br>*(Dental)* | 003 |

### ICN Region Codes and Descriptions

The region code is the first two digits of the ICN. It usually indicates something about the source of a claim or a unique claim characteristic.

| Code | Description |
|---|---|
| 0 | All Claim Regions |
| 10 | Paper Claims With No Attachments |
| 11 | Paper Claims With Attachments |
| 15 | Paper Claims With No Provider Id |
| 20 | Electronic Claims With No Attachments |
| 21 | Electronic Claims With Attachments |
| 22 | Internet Claims With No Attachments |
| 23 | Internet Claims With Attachments |
| 25 | Point Of Sale Claims |
| 26 | Point Of Sale Claims With Attachments |
| 30 | Crossover |
| 31 | Crossover SNF |
| 40 | Claims Converted From Old MMIS |

| Code | Description |
|---|---|
| 45 | Adjustments Converted From Old MMIS |
| 48 | Converted Voids |
| 49 | Recipient Linking Claims |
| 50 | Adjustments - Non-Check Related |
| 51 | Adjustments History Only - Check Related |
| 52 | Mass Adjustments - Non-Check Related |
| 54 | Mass Adjustments - Void Transaction |
| 55 | Mass Adjustments - Provider Rates |
| 56 | Adjustments - Void Non-Check Related |
| 59 | POS Reversal/ Internet/ 837 |
| 60 | Encounter Adjustment |
| 70 | Encounters |

| Code | Description |
|---|---|
| 80 | Claims Reprocessed By HP Systems Engineers |
| 90 | Bypass Late Filing Edits |
| 91 | Batches Requiring Manual Review |
| 92 | HMO Co-pays |
| 93 | EDMS Use Only – Non-Claims Documents |
| 94 | EDMS Use Only – Non-Claims Check Documents |

| Code | Description |
|---|---|
| 95 | EDMS Use Only – Non-Claims Document |
| 96 | EDMS Use Only – Prior Authorization Documents |
| 97 | EDMS Use Only – Provider Enrollment Documents |
| 98 | EDMS Use Only – Correspondence Documents |
| 99 | Converted Claim With Duplicate ICN |

### Claim type by ICN batch number

The batch number is the first three digits in the last six digits of the ICN.

| Batch Number (Range) | Claim Type | Description | Code |
|---|---|---|---|
| 000-049 | Inpatient Crossover | Medicare Part A Inpatient Crossover claims | A |
| 050-099 | Outpatient Crossover | Medicare Part A Outpatient Crossover claims | C |
| 100-300 | Professional Crossover | Medicare Part B Professional Crossover claims | B |
| 301-310 | Dental | Dental Service Claims and Encounters | D |
| 311-351 | Inpatient | Institutional Inpatient Service Claims and Encounters | I |
| 352-401 | Outpatient | Institutional Outpatient Service Claims and Encounters | O |
| 402-511 | Long Term Care | Long Term Care Service Claims and Encounters | L |
| 522-611 | Pharmacy | Pharmacy Service Claims and Encounters | P |
| 522-611 | Compound Pharmacy | Pharmacy Compound Service Claims and Encounters | Q |
| 612-899 | Professional | Professional Medical Service Claims and Encounters | M |

## Web adjustment tips

After adjusting a detail line on a claim using the web portal, some users are clicking “Add” (in the detail section) instead of “Adjust” (at the bottom of the claim).

**This does not save the changes to the existing detail line item.** Instead, it creates a new (blank) detail line that causes the adjusted claim to suspend. To avoid this:

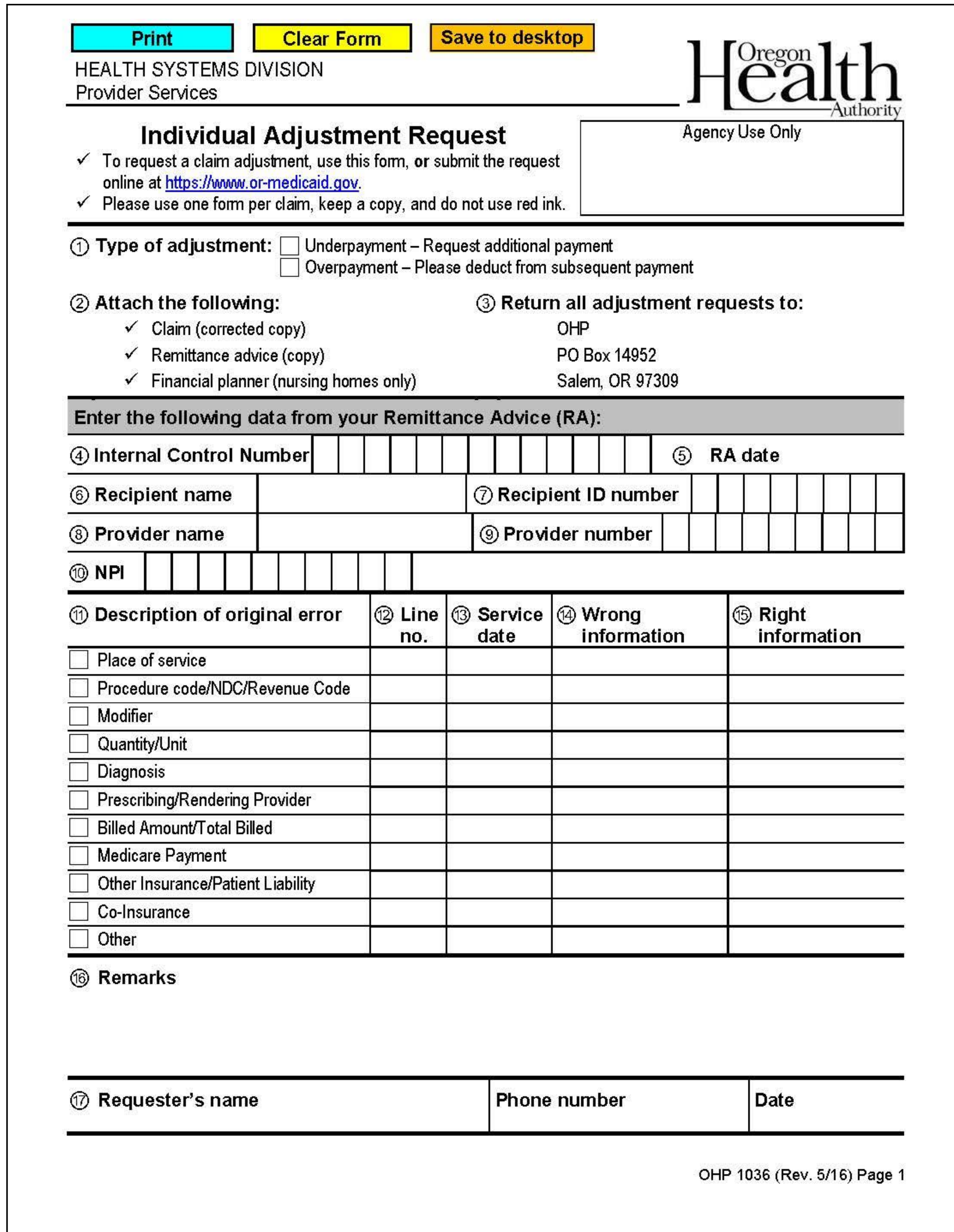
- When adjusting a detail line on a Web portal claim, click “Adjust” to save the changes.
- Only click “Add” if you are adding a new detail line to the claim. After you have completed the new line, then click “Adjust.”

When adjusting Third Party Liability on a claim:

- For professional claims, review the TPL panel, Medicare Information panel, and the Detail panel.
- For institutional claims, review the TPL panel, Medicare Information panel, Detail Panel and Value Code panel.

## Paper adjustment request instructions (OHP 1036 form)

You can download this form in PDF on OHA's Forms page at www.oregon.gov/OHA/HSD/OHP/Pages/providers.aspx (look under "Forms for providers").



Print | Clear Form | Save to desktop

HEALTH SYSTEMS DIVISION
Provider Services

Oregon Health Authority

**Individual Adjustment Request**

Agency Use Only

- ✓ To request a claim adjustment, use this form, **or** submit the request online at https://www.or-medicaid.gov.
- ✓ Please use one form per claim, keep a copy, and do not use red ink.

① **Type of adjustment:** ☐ Underpayment – Request additional payment
☐ Overpayment – Please deduct from subsequent payment

② **Attach the following:**
- ✓ Claim (corrected copy)
- ✓ Remittance advice (copy)
- ✓ Financial planner (nursing homes only)

③ **Return all adjustment requests to:**
OHP
PO Box 14952
Salem, OR 97309

**Enter the following data from your Remittance Advice (RA):**

④ **Internal Control Number** ⑤ **RA date**

⑥ **Recipient name** ⑦ **Recipient ID number**

⑧ **Provider name** ⑨ **Provider number**

⑩ **NPI**

| ⑪ Description of original error | ⑫ Line no. | ⑬ Service date | ⑭ Wrong information | ⑮ Right information |
|---|---|---|---|---|
| ☐ Place of service | | | | |
| ☐ Procedure code/NDC/Revenue Code | | | | |
| ☐ Modifier | | | | |
| ☐ Quantity/Unit | | | | |
| ☐ Diagnosis | | | | |
| ☐ Prescribing/Rendering Provider | | | | |
| ☐ Billed Amount/Total Billed | | | | |
| ☐ Medicare Payment | | | | |
| ☐ Other Insurance/Patient Liability | | | | |
| ☐ Co-Insurance | | | | |
| ☐ Other | | | | |

⑯ **Remarks**

⑰ **Requester's name** | **Phone number** | **Date**

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### OHP 1036 - Required Boxes

Shaded boxes are mandatory. Non-shaded boxes are mandatory if applicable.

- Most information will be listed on the Remittance Advice (RA) of the claim you are submitting the Individual Adjustment Request for. You may also need to refer to the original claim.
- The provider should submit one (1) OHP 1036 form per claim (ICN). If a claim requires multiple corrections, these should be listed on a single OHP 1036 form, with attachments as needed.

| Box | Field | Description |
|---|---|---|
| 1 | **Underpayment**<br>**Overpayment** | Check the appropriate box.<br>■ **Underpayment:** OHA paid too little<br>■ **Overpayment:** OHA paid too much |
| 2 | **Attach the following:** | If additional documentation is needed to help decide how your claim will be paid, this is a reminder to attach that documentation to the completed form. |
| 3 | **Return to:** | Mail the completed form to this address. |
| 4 | **Internal Control Number** | Enter the thirteen (13)-digit Internal Control Number (ICN) as listed on the Remittance Advice (RA) of the original claim. |
| 5 | **RA date** | Enter the date of the Remittance Advice (RA). The date is located at the top of the Remittance Advice. |
| 6 | **Recipient name** | Enter the recipient name as listed on the RA. |
| 7 | **Recipient ID** | Enter the eight (8)-digit recipient identification number as listed on the RA. |
| 8 | **Provider Name** | Enter the provider name as listed on the RA. |
| 9 | **Provider Number** | Enter the six (6)- or nine (9)-digit OHA provider number as listed on the RA. |
| 10 | **NPI** | Enter the ten (10)-digit National Provider Identifier number, if available. |
| 11 | **Description** | **Indicate the parts of the claim that need to be corrected.** Only check the box(es) that you want to change.<br>■ Place of Service.<br>■ Procedure Code/NDC/Revenue Code<br>■ Modifier<br>■ Quantity/Unit – If you change this information, change the billed amount accordingly.<br>■ Diagnosis<br>■ Prescribing/Rendering Provider<br>■ Billed Amount/Total Billed<br>■ Medicare Payment<br>■ Other Insurance/Patient Liability<br>■ Co-Insurance<br>■ Other |
| **Complete the following fields for each item you want to correct:** | | |
| 12 | **Line no.** | Enter the line number where the error occurs, as listed on the original claim. |
| 13 | **Service date** | Enter the date(s) of service, as listed on the RA. |
| 14 | **Wrong information** | Enter the incorrect information that was submitted on the original claim. |
| 15 | **Right information** | Enter the corrected information that should have been submitted on the original claim. |
| 16 | **Remarks** | Enter additional information or explanation of the request, as needed. If you are combining services on this form, please note that here. |

| Box | Field | Description |
|---|---|---|
| 17 | **Requester's name / Phone# / Date** | The name and phone number of the provider (or authorized representative) must be in this space.<br><br>Enter the date this form was completed. |

## Helpful tips

**SAVE TIME by not filling out fields that are not needed.** In part 11, only fill in the fields that need corrections.

**SUBMIT one (1) OHP 1036 form per claim (ICN).** All corrections for a claim can be made on one form. DO NOT use multiple forms for multiple corrections of the same claim.

**MARK** the appropriate Underpayment/Overpayment information in Box 1.

**VERIFY the ICN for the claim that needs adjusting in Box 4.** Double-check the Remittance Advice to make sure you are entering the correct ICN.

**ENTER** the name of the patient in Field 6 as it appears on the Remittance Advice.

**INDICATE the correct line of service as listed on the Remittance Advice.** The Remittance Advice does not indicate line numbers. You can count the lines of services as they appear on your original claim form to determine the line number.

**CHANGE the billed amount, if you are adjusting the number of units/ services.** OHA will not calculate billed amounts for you.

**CHANGE the date range if needed or required.**

**NOTE combined services in Box 16 ("Remarks").** When combining more than one service, this needs to be indicated on the request.

**CHECK the form for legibility so that we can clearly read it.** AVOID poorly handwritten forms.

**READ the explanation of benefit (EOB) codes on your Remittance Advice.** They will tell you if further action or information is required of you.

**ATTACH a copy of the Remittance Advice (RA) for the claim you are requesting adjustment on.** To further expedite your adjustment request, attach a corrected claim form to help explain the corrections that need to be made to the original claim.

**CONTACT Provider Services at 800-336-6016** for assistance in completing your OHP 1036 or if you are not sure if you need to re-bill a service or submit an adjustment request, or if there are no message codes on your RA.