

# Reading Dental Adjustment Claims

Alaska Medicaid claim adjustments are composed of two parts on the remittance advice: a credit transaction and a debit transaction.

Enterprise Operational Reports Report ID: OPR-PAY-L127		Alaska Department of Health and Social Services Remittance Advice Remittance No: 2742212 06/25/2014				PROVIDER NO:1112311 NPI :1000002311					
Pay to: ANCHORAGE DENTAL OFFICE 123 E Main St Anchorage, AK 99508-2311		Claim Type D - Dental ADJUSTMENT CLAIMS									
MEMBER ID	MEMBER NAME	CLAIM CONTROL#	PAID ACCT NBR	REND	UNITS	BILLED	ALLOWED	OTH-DED	PAYMENT EOB	STATUS	
0600019876	MEMBER, UNIQ	14117800000012342	0600019876								
02/21/14	02/21/14	D0140		1239	-1.0	-\$80.00	-\$65.15	\$0.00	-\$65.15	P	
02/21/14	02/21/14	D0220		1239	-1.0	-\$3.00	-\$3.00	\$0.00	-\$3.00	P	
TPL \$0.00				TOTAL CHARGE	-2.0	-\$115.00	-\$68.15	\$0.00	-\$68.15		
Adjust TCN: 1406480000000012		Dated: 03/30/15									
0600019876	MEMBER, UNIQ	14117800000012343	0600019876								
02/21/14	02/21/14	D0140		1239	1.0	\$80.00	\$65.15	\$0.00	\$65.15	P	
02/21/14	02/21/14	D0220		1239	1.0	\$35.00	\$24.43	\$0.00	\$24.43	P	
TPL \$0.00				TOTAL CHARGE	2.0	\$115.00	\$89.58	\$0.00	\$89.58		
Adjust TCN: 1406480000000012		Dated: 03/30/15									
Total Adjusted Claims: 24					Lines: 62	TPL \$0.00	0.0	\$0.00	\$2,355.07	\$0.00	\$2,355.07

- The **credit** transaction appears first. TCNs for all credit transactions will end in a 2. If the adjustment was a system mass adjustment, the sixth digit of the TCN (Source Code) will be a 4. If the adjustment was submitted by the provider, the sixth digit of the TCN will be a 1 for web submitted, a 3 for electronic submissions, or an 8 if submitted by paper.
- Credit lines appear as negative transactions. This represents a reversal of the original claim, crediting Alaska Medicaid for the previous payment. The status of each claim line in the **credit** section will show the same status as the original claim (e.g., if a claim line was paid (P) on the original claim, it will show paid in the **credit** section).
- The **Adjust TCN** indicates the original TCN being adjusted.

Enterprise Operational Reports  
Report ID: OPR-PAY-L127

Alaska Department of Health and Social Services  
Remittance Advice  
Remittance No: 2742212  
06/25/2014

PROVIDER NO:1112311  
NPI :100002311

Pay to: ANCHORAGE DENTAL OFFICE  
123 E Main St  
Anchorage, AK 99508-2311

Claim Type D - Dental ADJUSTMENT CLAIMS

MEMBER ID	MEMBER NAME	CLAIM CONTROL#	PATIENT ACCT NBR	TOOTH	CPT/ HCPCS	MOD	DESCRIPTION	REND PROV	UNITS	BILLED	ALLOWED	OTH-DED	PAYMENT	EOB	STATUS	
0600019876	MEMBER, UNIQUE	14117800000012342	0600019876													
02/21/14	02/21/14			D0140			LIMIT ORAL EVAL PROB	1239	-1.0	-\$80.00	-\$65.15	\$0.00	-\$65.15		P	
02/21/14	02/21/14			D0220			INTRAORAL PERIAPICAL	1239	-1.0	-\$3.00	-\$3.00	\$0.00	-\$3.00		P	
TPL \$0.00																
Adjust TCN: 140648000																
12 Dated: 03/30/15																
TOTAL CHARGE																
0600019876	MEMBER, UNIQ	14117800000012343	0600019876													
02/21/14	02/21/14			D0140			LIMIT ORAL EVAL PROB	1239	1.0	\$80.00	\$65.15	\$0.00	\$65.15		P	
02/21/14	02/21/14			D0220			INTRAORAL PERIAPICAL	1239	1.0	\$35.00	\$24.43	\$0.00	\$24.43		P	
TPL \$0.00																
Adjust TCN: 14064800000000012																
Dated: 03/30/15																
TOTAL CHARGE																
Total Adjusted Claims: 24									Lines: 62	TPL \$0.00						
									0.0	\$0.00	\$2,355.07	\$0.00	\$2,355.07			

4. The TCN for the debit portion of the adjustment will end with a 3.

5. Debit lines appear as positive transactions. This represents the new payment to the provider.

The status of each claim line in the debit section will show the new status of each line after being adjusted (e.g., if the adjusted claim line is paid (P), it will show paid in the debit section).

6. The Adjust TCN again indicates the original TCN being adjusted.

7. The Total Adjusted Claims line indicates the total number of claims and amounts for all debit and credit adjustments in this section. The adjustment totals will also be included in the Summary section of the RA.

## Questions?

Please contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).

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