

# Reading Institutional 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: 9876543 02/18/2015				PROVIDER NO:1000000 NPI :1234567890					
Pay to: FAIRBANKS HOSPITAL FAIRBANKS HOSPITAL 1234 ALASKA ST FAIRBANKS, AK 99701		Claim Type O - Outpatient		ADJUSTMENT CLAIMS							
MEMBER ID	PATIENT NAME	CLAIM CONTROL#	T ACCT NBR	PAY MODE	NOV DAYS	UNITS	BILLED	ALLOWED	DISALLOWED	EOB	STATUS
SERVICE DATES	CPCS	MOD	HCPCS DESCRIPTION								
01000000001 14304800000000012	WASHINGTON, GEORGE		3098765432S2C2019	0.0	0						
05/28/14 05/28/14	0250 J3490		DRUGS UNCLASSIFIED INJECTION			-2.0	-\$9.85	\$0.00	-\$5.23		D
05/28/14 05/28/14	0255 Q9967		LOCM 300-399MG/ML IODINE,1ML			-1.0	-\$310.10	-\$0.99	-\$309.11		P
05/28/14 05/28/14	0350 70481		CT ORBIT/EAR/FOSSA W/DYE			-1.0	-\$1,056.55	-\$495.52	-\$561.03		P
05/28/14 05/28/14	0450 99284		EMERGENCY DEPT VISIT			-1.0	-\$1,066.00	-\$499.95	-\$566.05		P
TOTAL CHARGE						-5.0	-\$2,442.50	-\$996.46	-\$1,441.42		
TPL \$0.00 PATIENT LIABILITY \$0.00				CO-PAYMENT \$0.00			CONTRACTUAL -\$4.62		PAYMENT -\$996.46		
Adjust TCN: 14188300000000010				Dated: 07/14/14							
01000000001 14304800000000013	WASHINGTON, GEORGE		3098765432S2C2019	46.9	0						
05/28/14 05/28/14	0250 J3490		DRUGS UNCLASSIFIED INJECTION			2.0	\$9.85	\$4.62	\$5.23		P
05/28/14 05/28/14	0255 Q9967		LOCM 300-399MG/ML IODINE,1ML			1.0	\$310.10	\$0.00	\$164.66		D
05/28/14 05/28/14	0350 70481		CT ORBIT/EAR/FOSSA W/DYE			1.0	\$1,056.55	\$495.52	\$561.03		P
05/28/14 05/28/14	0450 99284	25	EMERGENCY DEPT VISIT			1.0	\$1,066.00	\$499.95	\$566.05		P
TOTAL CHARGE						5.0	\$2,442.50	\$1,000.09	\$1,296.97		
TPL \$0.00 PATIENT LIABILITY \$0.00				CO-PAYMENT \$0.00			CONTRACTUAL \$145.44		PAYMENT \$1,000.09		
Adjust TCN: 14188300000000010				Dated: 07/14/14							
Total Adjusted Claims: 62		Lines: 613					\$26,312.40	-\$2,674.56	\$25,659.98		
TPL \$0.00		PATIENT LIABILITY \$0.00		CO-PAYMENT -\$1,813.38			CONTRACTUAL \$3,271.30		PAYMENT -\$2,618.88		

- 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.

Pay to: FAIRBANKS MEMORIAL HOSPITAL  
FAIRBANKS MEMORIAL HOSPITAL  
1234 ALASKA ST  
FAIRBANKS, AK 99701

Claim Type O - Outpatient ADJUSTMENT CLAIMS

MEMBER ID CLAIM CONTROL# SERVICE DATES	MEMBER NAME PATIENT ACCT NBR REV HCPCS MOD	HCPCS DESCRIPTION	PAY MODE	COV DAYS	UNITS	BILLED	ALLOWED	DISALLOWED	EOB	STATUS
01000000001	WASHINGTON, GEORGE									
14304800000000012	3098765432S2C2019		0.0	0						
05/28/14 05/28/14	0250 J3490	DRUGS UNCLASSIFIED INJECTION			-2.0	-\$9.85	\$0.00	-\$5.23		D
05/28/14 05/28/14	0255 Q9967	LOCM 300-399MG/ML IODINE,1ML			-1.0	-\$310.10	-\$0.99	-\$309.11		P
05/28/14 05/28/14	0350 70481	CT ORBIT/EAR/FOSSA W/DYE			-1.0	-\$1,056.55	-\$495.52	-\$561.03		P
05/28/14 05/28/14	0450 99284 25	EMERGENCY DEPT VISIT			-1.0	-\$1,066.00	-\$499.95	-\$566.05		P
					TOTAL CHARGE	-5.0	-\$2,442.50	-\$996.46	-\$1,441.42	
TPL \$0.00			PATIENT LIABILITY \$0.00	CO-PAYMENT \$0.00	CONTRACTUAL	-\$4.62		PAYMENT	-\$996.46	
Adjust TCN: 14188300000			Dated: 07/14/14							
14304800000000013	WASHINGTON, GEORGE		46.9	0						
05/28/14 05/28/14	0250 J3490	DRUGS UNCLASSIFIED INJECTION			2.0	\$9.85	\$4.62	\$5.23		P
05/28/14 05/28/14	0255 Q9967	LOCM 300-399MG/ML IODINE,1ML			1.0	\$310.10	\$0.00	\$164.66		D
05/28/14 05/28/14	0350 70481	CT ORBIT/EAR/FOSSA W/DYE			1.0	\$1,056.55	\$495.52	\$561.03		P
05/28/14 05/28/14	0450 99284	EMERGENCY DEPT VISIT			1.0	\$1,066.00	\$499.95	\$566.05		P
					TOTAL CHARGE	5.0	\$2,442.50	\$1,296.97	\$1,296.97	
TPL \$0.00			PATIENT LIABILITY \$0.00	CO-PAYMENT \$0.00	CONTRACTUAL	\$145.44		PAYMENT	\$1,000.09	
Adjust TCN: 1418830000000010			Dated: 07/14/14							
Total Adjusted Claims: 62		Lines: 613				\$26,312.40	-\$2,674.56	\$25,659.98		
TPL \$0.00			PATIENT LIABILITY \$0.00	CO-PAYMENT	-\$1,813.38	CONTRACTUAL	\$3,271.30	PAYMENT	-\$2,618.88	

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).