

# Reading Professional Adjustment Claims

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

| Enterprise Operational Reports<br>Report ID: OPR-PAY-L127                         |                | Alaska Department of Health and Social Services<br>Remittance Advice<br>Remittance No: 2840000<br>05/11/2016 |               |                         |            | PROVIDER NO:1000002<br>NPI :1098765432 |          |         |             |         |   |
|---|----------------|--|---------------|-------------------------|------------|--|----------|---------|-------------|---------|---|
| Pay to: MCCORMICK CHIROPRACTIC<br>200 PEPPER LN STE 8<br>ANCHORAGE, AK 99508-1234 |                | Claim Type P - Professional  |               | ADJUSTMENT CLAIMS       |            |  |          |         |             |         |   |
| MEMBER ID   | MEMBER NAME    | CLAIM CONTROL#   | PAID ACCT NBR | REND PRO                | UNITS      | BILLED                                 | ALLOWED  | OTH-DED | PAYMENT EOB | STATUS  |   |
| 060055552   | CROCKER, BETTY | 15322111100001112  | 12345678      |                         |            |  |          |         |             |         |   |
| 03/20/14 03/20/14   | 98940          |  |               | CHIROPRACT MANJ 1-2 REG | 1000002506 | -1.0                                   | -\$60.00 | \$0.00  | \$0.00      | \$0.00  | D |
| TPL \$0.00  |                |  |               | TOTAL CHARGE            |            | -1.0                                   | -\$60.00 | \$0.00  | \$0.00      | \$0.00  |   |
| Adjust TCN: 14297810000000000   |                | Dated: 04/14/14  |               |                         |            |  |          |         |             |         |   |
| 060055552   | CROCKER, BETTY | 15322111100001113  | 12345678      |                         |            |  |          |         |             |         |   |
| 03/20/14 03/20/14   | 98940          |  |               | CHIROPRACT MANJ 1-2 REG | 1000002506 | 1.0                                    | \$60.00  | \$45.40 | \$0.00      | \$45.40 | P |
| TPL \$0.00  |                |  |               | TOTAL CHARGE            |            | 1.0                                    | \$60.00  | \$45.40 | \$0.00      | \$45.40 |   |
| Adjust TCN: 14297810000000000   |                | Dated: 04/14/14  |               |                         |            |  |          |         |             |         |   |
| Total Adjusted Claims: 16   |                | Lines: 18  |               | TPL \$0.00              | 0.0        | \$0.00                                 | \$356.03 | \$0.00  | \$356.03    |         |   |

- 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: 2840000  
05/11/2016

PROVIDER NO:1000002  
NPI :1098765432

Pay to: MCCORMICK CHIROPRACTIC  
200 PEPPER LN STE 8  
ANCHORAGE, AK 99508-1234

Claim Type P - Professional ADJUSTMENT CLAIMS

| MEMBER ID                    | MEMBER NAME     | PATIENT ACCT NBR        | REND PROV  | UNITS | BILLED   | ALLOWED  | OTH-DED | PAYMENT  | EOB | STATUS |
|------------------------------|-----------------|-------------------------|------------|-------|----------|----------|---------|----------|-----|--------|
| 060055552                    | CROCKER, BETTY  | 12345678                |            |       |          |          |         |          |     |        |
| 15322111100001112            | 12345678        |                         |            |       |          |          |         |          |     |        |
| 03/20/14 03/20/14            | 98940           | CHIROPRACT MANJ 1-2 REG | 1000002506 | -1.0  | -\$60.00 | \$0.00   | \$0.00  | \$0.00   |     | D      |
| TPL \$0.00                   |                 | TOTAL CHARGE            |            | -1.0  | -\$60.00 | \$0.00   | \$0.00  | \$0.00   |     |        |
| Adjust TCN: 1429781000       | Dated: 04/14/14 |                         |            |       |          |          |         |          |     |        |
| 000000000                    | CROCKER, BE     | 12345678                |            |       |          |          |         |          |     |        |
| 15322111100001113            | 12345678        |                         |            |       |          |          |         |          |     |        |
| 03/20/14 03/20/14            | 98940           | CHIROPRACT MANJ 1-2 REG | 1000002506 | 1.0   | \$60.00  | \$45.40  | \$0.00  | \$45.40  |     | P      |
| TPL \$0.00                   |                 | TOTAL CHARGE            |            | 1.0   | \$60.00  | \$45.40  | \$0.00  | \$45.40  |     |        |
| Adjust TCN: 1429781000000000 | Dated: 04/14/14 |                         |            |       |          |          |         |          |     |        |
| Total Adjusted Claims: 16    |                 | Lines: 18               | TPL \$0.00 | 0.0   | \$0.00   | \$356.03 | \$0.00  | \$356.03 |     |        |

- The TCN for the **debit** portion of the adjustment will end with a 3.
- 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).
- The **Adjust TCN** again indicates the original TCN being adjusted.
- 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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