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# Adjustments and Voids

# Overview

- Adjustments
- Voids
- Overpayments and Refunds

# Introduction

- What is an adjustment?
- What is a void?
- For paid claims only
- Electronic or paper options

# Adjustments vs. Voids

- Adjustments may be requested for claims paid in error when:
  - The claim was billed for an incorrect procedure code.
  - Charges billed need to be corrected.
  - Changes have occurred in the Third Party Liability (TPL) payment.
  - The number of days or units billed is incorrect.
  - Prior authorization is updated.
  - Revenue codes for hospitals need to be added/deleted.

# Adjustments vs. Voids, cont.

- Voids must be requested for claims that were billed:
  - With the wrong recipient ID number
  - With the wrong provider ID number
  - If the bill was for services not rendered.
  - For a straight claim versus a crossover claim.

# Adjustments vs. Voids, cont.

- Electronic request options are available for both adjustments and voids.
- AK-05 paper request options are available for both adjustments and voids.
- Adjustment and voids may be requested only for **paid** claims.

# Adjustments

- Examples of errors that can be adjusted:
  - Incorrect procedure code
  - Incorrect number of units billed
  - Incorrect billed charges
  - Changes in TPL payment
  - Incorrect number of days billed
- Adjustment outcomes:
  - Increase/decrease in dollar amounts

# AK-05 Paper Form

- Complete AK-05 Adjustment/Void request form.
- Indicate reason for adjustment.
- Attach EOB from TPL.
- Sign and date.
- Submit AK-05 via mail, fax or in person.

# Adjustment/Void Request

- Send to:

Affiliated Computer Services, Inc.

P.O. Box 240807

Anchorage, AK 99524-0807

Fax: (907) 644 - 8120



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# Health Insurance Portability & Accountability Act (HIPAA) Compliant Option

- Electronic adjustments:
  - 837 claim replacement
- Provider must be:
  - Trading Partner
  - HIPAA compliant
  - Successfully tested for 837 transactions
    - Refer to Companion guides
      - <http://medicaidalaska.com>
    - Refer to Implementation guides
      - <http://www.wpc-edi.com>

# Don't Forget

## Timely filing limit for adjustments:

- If payment is owed to the provider, must submit request within 12-month timely filing period or no later than 60 days from date of payment as shown on Remittance Advice (RA).
- If no money is owed to Medical Assistance or if the adjustment does not affect payment, there is no time limit.

## Explanation Of Benefits (EOB) required:

- If you do not send an EOB with the adjustment request (for an adjustment that involves a TPL), Medical Assistance will take back all money previously paid to the provider, not just the amount requested in the adjustment.



# RA Adjustment Page

Processed adjustment will appear in two parts on the RA:

- CREDIT\*

The Alaska Medical Assistance account is being credited.

- DEBIT\*

The Alaska Medical Assistance account is being debited.

\*From Alaska Medical Assistance perspective

A B JONES MD  
 543 MAIN STREET  
 ANCHORAGE AK 99508

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 REMITTANCE ADVICE

DATE: 03/06/01  
 REMITTANCE: 123456  
 REMIT SEQ: 123  
 PAGE: 3

PROVIDER NO:MD0001  
 CLAIM TYPE 13 - PHYSICIAN SERVICES  
 ADJUSTMENT CLAIMS

CLIENT ID	RECIPIENT NAME	CLAIM CONTROL #	MED REC NBR	RENDER PROV	LINE	SERVICE DATES	PROCEDURE CODE/DESCRIPTION	PROC MOD	UNITS	BILLED	ALLOWED	OTH-DED	PAYMENT	EOB STATUS
0600000002		03521175001	00003	MD0001										
01	121500	121500	99212	OFFICE OR OTHER OUTPATIENT					1	85.00-	52.73-	45.93	6.80-	CREDIT
ADJUST ICN:1059180102401 DATED: 122900										EOB CODES :465				
THIRD PARTY	45.93	CO-PAYMENT	0.00	CLAIM TOTAL						85.00-	52.73-	45.93	6.80-	
0600000002	SMITH	KF	10591801024						00003	MD0001				
01	121500	121500	99212	OFFICE OR OTHER OUTPATIENT					1	85.00	52.73	42.78	9.95	465 DEBIT
FORMER ICN:0352117500101 DATED: 122900														
THIRD PARTY	42.78	CO-PAYMENT	0.00	CLAIM TOTAL						85.00	52.73	42.78	9.95	
ADJUSTMENT	TOTALS	2 CLAIM LINES	TPL	88.71						0.00	0.00	88.71	3.15	



MEMORIAL HOSPITAL  
 100 MAIN STREET  
 ANCHORAGE AK 99508

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 REMITTANCE ADVICE

DATE: 07/10/01  
 REMITTANCE: 654321  
 REMIT SEQ: 111  
 PAGE: 3

PROVIDER NO:HS00IP  
 CLAIM TYPE 1 - INPATIENT HOSPITAL  
 ADJUSTMENT CLAIMS

CLIENT ID	RECIPIENT NAME	CLAIM CONTROL #	MED REC NBR	COV DAYS							
SERVICE DATES	REV/HCCP	CODE/DESCRIPTION	UNITS	PAY MODE	BILLED	ALLOWED	EOB	STATUS			
0600000002		1081280102601	00003	8							
02/07/01 02/16/01	120	ROOM-BOARD/SEMI	9	1531.80	7803.00	6936.00		CREDIT			
	250	PHARMACY	188	1531.80	2754.45	2754.45					
	270	MED-SUR GENERAL	35	1531.80	7430.00	7430.00					
	272	STERILE SUPPLY	27	1531.80	1766.00	1766.00					
	278	SUPPLY/IMPLANTS	16	1531.80	4764.00	4764.00					
	300	LAB	11	1531.80	477.50	477.50					
	710	RECOVERY ROOM	150	1531.80	936.00	936.00					
	001	TOTAL CHARGE	436		25930.95	25063.95					
ADJUST ICN:1177280102201 DATED: 042401											
TPL	0.00	PATIENT LIABILITY	0.00	COPAYMENT	200.00-		CONTRACTUAL	13009.55	PAYMENT	12054.40-	
0600000005	JOHNSON	SE	1177280102201	00003	9						
02/07/01 02/16/01	120	ROOM-BOARD/SEMI	9	1531.80	7803.00	7803.00		DEBIT			
	250	PHARMACY	188	1531.80	2754.45	2754.45					
	270	MED-SUR GENERAL	35	1531.80	7430.00	7430.00					
	272	STERILE SUPPLY	27	1531.80	1766.00	1766.00					
	278	SUPPLY/IMPLANTS	16	1531.80	4764.00	4764.00					
	300	LAB	11	1531.80	477.50	477.50					
	710	RECOVERY ROOM	150	1531.80	936.00	936.00					
	001	TOTAL CHARGE	436		25930.95	25930.95					
FORMER ICN:1081280102601 DATED: 042401											
TPL	0.00	PATIENT LIABILITY	0.00	COPAYMENT	200.00		CONTRACTUAL	12344.75	PAYMENT	13586.20	
ADJUSTMENT CLAIMS 2 CLAIM LINES											
TPL	0.00	PATIENT LIABILITY	0.00	COPAYMENT	0.00	CLAIM TOTAL	867.00	CONTRACTUAL	664.80-	PAYMENT	1531.80



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# Voids

## Voids for **paid** claims:

- Wrong recipient ID number
- Wrong provider ID number
- Incorrect date of service
- Services not rendered
- Voids related to Medicare crossover claims:
  - If the provider billed Medical Assistance as a regular straight claim plus received payment from Medicare, the provider must void the claim and rebill Medical Assistance using the crossover format.

Avoid duplicate claim denial by allowing a void to completely process before submitting a new claim.

# Results of Completed Voids

## Refund entire amount:

- Year-to-date total on RA
- 1099 tax report
- Voids claim record:
  - Void reverses the original transaction and removes the service and payment information from the provider and recipient history files.
  - Medicaid Management Information System (MMIS) keeps historical records.

# Refunds to the State of Alaska

- Two options:
  - Alaska Medical Assistance will reduce future payments.
  - Send refund check, payable to "State of Alaska," with AK-05.

Mail to: Affiliated Computer Services, Inc.

PO Box 240807

Anchorage, AK 99524-0807



# Your Records

- Provider records must include copies of all AK-05 documents.
- All void requests are granted.
- No time limit for voids.

# HIPAA Compliant Option

- Electronic voids:
  - 837 claim replacement
- Provider must be:
  - Trading Partner
  - HIPAA compliant
  - Successfully tested for 837 transactions

Refer to Companion guides

<http://medicaidalaska.com>

Refer to Implementation guides

<http://www.wpc-edi.com>



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# AK-05 Paper Form

- Complete AK-05 Adjustment/Void request form.
- Indicate reason for the void.
- Attach EOB from TPL.
- Sign and date.
- Submit AK-05 via mail, fax or in person.

# Don't forget!

- Send to:

Affiliated Computer Services, Inc.

PO Box 240807

Anchorage, AK 99524-0807

Fax: (907) 644 - 8120

- Retain a copy for your records.
- No time limit for voids



# RA Void Page

- Shows voided transactions
- Previously paid claims only

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 543 MAIN STREET  
 ANCHORAGE AK 99508

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
 MEDICAID MANAGEMENT INFORMATION SYSTEM  
 REMITTANCE ADVICE

DATE: 03/06/01  
 REMITTANCE: 123456  
 REMIT SEQ: 123  
 PAGE: 4

PROVIDER NO:MD0001  
 CLAIM TYPE 13 - PHYSICIAN SERVICES  
 VOIDED CLAIMS

CLIENT ID	RECIPIENT NAME	CLAIM CONTROL #	MED REC NBR	RENDER PROV						
LINE	SERVICE DATES	PROCEDURE CODE/DESCRIPTION	PROC MOD	UNITS	BILLED	ALLOWED	OTH-DED	PAYMENT	EOB STATUS	
0600000002	SMITH	KF 10591800001	00003	MD0001						
01	122800 122800	99212 OFFICE OR OTHER OUTPATIENT		1	73.00-	52.91-	3.00	49.91-	462	VOID
VOID ICN:1040115104601 DATED: 020901										
THIRD PARTY	0.00	CO-PAYMENT	3.00-	CLAIM TOTAL	73.00-	52.91-	3.00	49.91-		
VOIDED CLAIM	TOTALS	1 CLAIM LINES	TPL	0.00	73.00-	52.91-	3.00	49.91-		



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PROVIDER NO:HS00IP  
 CLAIM TYPE 1 - INPATIENT HOSPITAL  
 VOIDED CLAIMS

CLIENT ID	RECIPIENT NAME	CLAIM CONTROL #	MED REC NBR	COV DAYS							
SERVICE DATES	REV/HCPC	CODE/DESCRIPTION	UNITS	PAY MODE	BILLED	ALLOWED	EOB	STATUS			
0600000002	SMITH	KF 1182020200401	00003	2							
05/31/01 06/03/01	175	NURSERY/ICU	3	1531.80	7764.00	5176.00		VOID			
	250	PHARMACY	26	1531.80	3884.28	3884.28					
	270	MED-SUR GENERAL	10	1531.80	1372.00	1372.00					
	300	LAB	11	1531.80	595.00	595.00					
	301	LAB/CHEMISTRY	4	1531.80	396.00	396.00					
	320	DX X-RAY	2	1531.80	422.00	422.00					
	410	RESPIRATORY SVC	18	1531.80	642.00	642.00					
	001	TOTAL CHARGE	74		15075.28	12487.28					
VOID	ICN:1135120014001 DATED: 062901										
TPL	0.00	PATIENT LIABILITY	0.00	COPAYMENT	0.00	CONTRACTUAL	9423.68	PAYMENT	3063.60-		
VOIDED CLAIMS	1 CLAIM LINES										
TPL	0.00	PATIENT LIABILITY	0.00	COPAYMENT	0.00	CLAIM TOTAL	15075.28-	CONTRACTUAL	9423.68-	PAYMENT	3063.60-



# Overpayment and Refunds

- AK-05, Field 4
- Two options:
  - Alaska Medical Assistance will reduce future payments.
  - Send refund check, payable to "State of Alaska," with AK-05.
    - Mail to: Affiliated Computer Services, Inc.  
PO Box 240807  
Anchorage, AK 99524-0807

# Need More Help?

The ACS Website at <http://medicaidalaska.com>:

- Provides the necessary information you will need for successful billing.
- Includes access to Provider Medicaid Billing Manuals and fee schedules.

Or, you may call the following Departments by dialing:  
*(907) 644-6800 or (800) 770-5650 (Toll-free in Alaska).*

Option keys are noted below:

**Billing/Coverage/Claim Status Questions:** *Option 1 or  
(800) 770-5650 (Toll-free in Alaska), option 1, 1*

**Electronic Commerce Customer Support/PayerPath:** *Option 3 or  
(800) 770-5650 (Toll-free in Alaska) option 1, 4*

**Provider Inquiry:** *(907) 644-6800 option 1 or  
(800) 770-5650 (Toll-free in Alaska) option 1, 1*

**Enrollment Questions:** *Option 2 or  
(800) 770-5650 (Toll-free in Alaska), # 1, 3*



# Preparing for HIPAA 5010

- Centers for Medicare and Medicaid Services (CMS) Standard
- 5010 Implementation January 1, 2012
- Regulate Electronic Transmission of Healthcare Transactions
- 5010 Transactions Testing



# Preparing for ICD-10

- Center for Medicare and Medicaid Services (CMS) Mandate
- Two components
  - ICD-10-CM Diagnosis Codes
  - ICD-10-PCS Institutional Procedure Codes
- Service Date Driven
  - Outpatient Claims
  - Inpatient Claims
- Prepare Now



# Resources

- CMS ICD-10 Website
- <http://www.cms.gov/ICD10/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
- <http://medicaidalaska.com>



# Resources

- CMS 5010 D.0 Websites
  - <http://www.cms.gov/Versions5010andD0/>
  - <http://www.cms.gov/MFFS5010D0/>
- Affiliated Computer Services (ACS) Alaska Medical Assistance Website
  - <http://medicaidalaska.com>