CMS-1500, Dental, Crossover Part B Paid Claim Adjustment Request
Indiana Family and Social Services Administration

Mail completed requests to HPE Adjustments, P.O. Box 7265, Indianapolis, IN 46207-7265

1. Provider NPI or LPI and service location Provider name/address/ZIP Code+4: Taxonomy code Telephone number Contact name	2. Reason for adjustment (check appropriate box) ☐ Change TPL amount ☐ Change patient deductible amount ☐ Offset or refund of entire claim amount (check field 11) ☐ Change information as indicated in fields 13-17 ☐ Medicare adjustment (attach all EOMBs that apply to this adjustment)

3. Claim number (ICN)	4. Member ID No.	5. Dates of service From Through	6. Referring NPI/taxonomy
7. Member name		8. Amount paid	9. Remittance Advice date

10. Give complete explanation of adjustment or refund request:

11. Type of adjustment ☐ Underpayment adjustment ☐ Overpayment adjustment (deduct from future payments) ☐ Refund adjustment (check attached) Check number:	12. Claim type ☐ *CMS-1500* ☐ Dental ☐ Crossover

Please list the information to be corrected in the fields below. If no line number is associated with the correction, please enter a zero (0) in the line number field. For example, TPL applied is always line # 0.

13. Line No.	14. Description of information to be corrected	15. Current information	16. Corrected information	17. Rendering NPI and taxonomy code

18. Signature _____ **19. Date** _____

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A completed adjustment request form is required for each claim adjustment request. In addition, copies of the Remittance Advice (RA) and the corrected claim will facilitate the adjustment process but are not required documents. If the adjustment request is for a crossover claim, please attach a copy of the *Explanation of Medicare Benefits*. If the request is for an adjustment to the spend-down deductible amount, please attach a copy of the 8A form.

1.	Provider number	Enter the nine-digit billing provider number and the one-character service location or a 10-digit billing NPI number.
	Provider name/address	Enter the current billing name, address, and ZIP Code+4.
	Taxonomy code	Enter taxonomy code.
	Telephone number	Enter a current telephone number.
	Contact name	Enter a contact name.
2.	Reason for adjustment	Check the appropriate box for the reason for the adjustment request.
3.	Claim number (ICN)	Enter the internal control number (ICN) of the claim to be adjusted. You will find the ICN on the RA. Please use the most current ICN for the claim to be adjusted.
4.	Member ID no.	Enter the member's 12-digit member identification number (RID).
5.	Dates of service	Enter the *from* and *through* dates of service as billed on the claim.
6.	Referring NPI/taxonomy	Enter the referring provider NPI and taxonomy. If the claim was submitted before the NPI implementation with a referring LPI, the NPI/taxonomy is required for all healthcare claims.
7.	Member name	Enter the first and last name of the member.
8.	Amount paid	Enter the paid amount of the claim to be adjusted.
9.	Remittance Advice date	Enter the date of the RA on which the claim last paid.
10.	Explanation	Give a clear explanation for the requested adjustment or refund.
11.	Type of adjustment	Check the appropriate box for the type of adjustment requested:

- *Underpayment* – An adjustment to a claim requesting an additional payment, or requesting a change to the claim's data that will result in no net change in payment.
- *Overpayment* – An adjustment to a claim requesting that an overpaid amount be deducted from future payments. This can be a recoupment of a portion of the claim or the entire amount of the claim.
- *Refund* – Same as overpayment except that a refund check or the overpaid amount is being submitted. A refund can be applied to a portion of the claim or to the entire amount of the claim.

12.	Claim type	Check the appropriate box of the claim type to be adjusted.
13.	Line no.	Enter the line number of the data to be adjusted. If adjusted data is not associated with a specific line on the claim, enter a zero in this field.
14.	Description	Enter a brief description of the data that is to be corrected on the claim.
15.	Current information	Enter the information as stated on the current claim that is to be adjusted.
16.	Corrected information	Enter the corrected information for the claim.
17.	Rendering NPI/taxonomy	Enter rendering provider NPI and taxonomy. If the claim was submitted before the NPI implementation with a rendering LPI, the NPI/taxonomy is required for all healthcare claims.
18.	Signature	Enter the signature of an appropriate person, such as a physician or billing clerk.
19.	Date	Enter the date the request is submitted.