

UB-04 and Inpatient/Outpatient Crossover 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) <input type="checkbox"/> Change TPL amount <input type="checkbox"/> Change patient deductible amount <input type="checkbox"/> Offset or refund of entire claim amount (check field 10) <input type="checkbox"/> Change information as indicated in fields 13-16 <input type="checkbox"/> 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. Member name	7. Amount paid	8. Remittance Advice date		
9. Type of adjustment <input type="checkbox"/> Underpayment adjustment <input type="checkbox"/> Overpayment adjustment (deduct from future payments) <input type="checkbox"/> Refund adjustment (check attached) Check number:		10. Claim type <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Long-term care <input type="checkbox"/> Home health <input type="checkbox"/> Crossover		
11. Provider NPI/taxonomy Attending NPI Operating NPI Attending Taxonomy Other NPI				
12. Give complete explanation of adjustment or refund request: 				
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. Rev/Proc code	14. Description of information to be corrected	15. Current information	16. Corrected information	

17. Signature _____ **18. Date** _____

UB-04 and Inpatient/Outpatient Crossover Adjustment Request

A completed adjustment request form is required for each claim to be adjusted. In addition, copies of the Remittance Advice 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. Member name Enter the first and last name of the member.
7. Amount paid Enter the paid amount of the claim to be adjusted.
8. Remittance Advice date Enter the date of the RA on which the claim last paid.
9. 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 results 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 is being submitted for the overpaid amount. A refund can be applied to a portion of the claim or to the entire amount of the claim.
10. Claim type Check the appropriate box of the claim type to be adjusted.
11. Provider NPI/taxonomy Enter the attending, operating, and other provider NPI and taxonomy. If the claim was submitted before NPI implementation with an attending, operating, and other LPI, the NPI/taxonomy is required for all healthcare claims.
12. Explanation Give a clear explanation for the requested adjustment or refund.
13. Rev/Proc code 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. Signature Enter the signature of an appropriate person, such as a physician or billing clerk.
18. Date Enter the date the request is submitted.