UB-04 VOID AND ADJUSTMENT REQUESTS

OVERVIEW

The following is an explanation of how to prepare a paper UB-04 claim submission with a void or adjustment. Use this guide in conjunction with the UB-04 Claim Instructions. Please refer to the UB-04 General Claim Instructions for a locator-by-locator explanation.

To complete a void or an adjustment, the claim reference number from your remittance advice will be needed. Each claim will have its own reference number. Printed claims and any associated documentation must be submitted as single-sided only.

Voids and adjustments must be submitted in accordance with timely filing requirements, which is within 6 months of the month the service was provided. Medicaid may waive timely filing for voids and adjustments if it is received within 3 months of the previously paid claim was processed.

Voids and adjustments result in future payments being reduced by the amount of the void/adjustment.

VOIDS

Generally, it is recommended to void the entire claim and submit a new claim. A void request will void the original or an adjusted claim. You cannot void a denied claim.

A voided transaction is shown on the Remittance Advice as a payment deduction from payment that may be due. Once the void appears on the Remittance Advice, the services may be resubmitted.

Reasons to void a claim may include but are not limited to the following:

- Change in recipient information
- Change in provider
- Add or delete diagnosis codes
- Change in the order of diagnosis codes
- Change in claim type
- Change in third party liability
- Change in servicing or billing provider
- Change in payor information in Locator 50
- Overpayment determined within 3 months of adjudication

Submitting a Void Request

To submit a void request, follow the steps below:

- Save a copy of your original paid claim for record keeping and audit purposes;
- The void claim should match the original claim exactly except for locator 4 and locator 64;
- Enter the correct Type of Bill in locator 4;

Type of Bill	Void
Inpatient	118
Outpatient	138
Long Term Care	218
Hospice	818/828
Ambulatory Surgery	838

- In locator 64, enter the claim reference number that South Dakota Medicaid assigned to the original claim
- Submit the void request to South Dakota Medicaid; and
- Keep a copy of your request for your files.

If the original claim reference number is not included on the void request, it will not process correctly. It will appear on your remittance advice as an error. Once a claim has been voided it cannot be reversed and repaid. You must submit a new claim.

ADJUSTMENTS

Generally, it is recommended to void the entire claim and submit a new claim. However, providers may submit a credit adjustment to modify a paid claim due to an error. You cannot adjust a denied claim. A new claim should be submitted for the originally denied claim if appropriate.

The corrections indicated on the adjustment claim are processed as noted below.

- The original paid claim is considered voided.
- An adjustment claim is paid as a new or debit claim.

The adjustment claim may include more or fewer lines than the original. Both transactions are shown on your Remittance Advice. This may result in either an increased payment or a decreased payment depending upon the changes made on the adjustment claim.

South Dakota Medicaid's claims payment system links the original claim with subsequent adjustment and/or void requests, to ensure that any transaction is only adjusted or voided once. The adjustment claim replaces the original claim. If an additional adjustment needs to be made, use the new adjusted claim reference number.

An adjustment cannot be submitted to:

- Change the attending or billing provider
- Change in recipient information
- Change type of bill in Locator 4
- Change payor information in Locator 50

Submitting an Adjustment Request

To submit an adjustment request, follow the steps below:

- Save a copy of your original paid claim for record keeping and audit purposes;
- Complete the claim with the appropriate information in each locator;
- Enter the appropriate Type of Bill from locator 4;

Type of Bill	Replacement
Inpatient	117
Outpatient	137
Long Term Care	217
Hospice	817/827
Ambulatory Surgery	837

- In locator 64, enter the claim reference number that South Dakota Medicaid assigned to the original claim.
- For paper claims number each consecutive page in locator 23.
- Do not attach post-it notes. Submit any typed notes on a separate sheet of paper accompanied by the claim.
- Submit the claim to South Dakota Medicaid.
- Keep a copy of the request for the required time.

South Dakota Medicaid's claims payment system links the original claim with subsequent adjustment and/or void requests, to ensure that any transaction is only adjusted or voided once. The adjustment claim replaces the original claim. If an additional adjustment needs to be made, use the new adjusted claim reference number.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

FREQUENTLY ASKED QUESTIONS

1. **When is it appropriate to adjust a claim versus void a claim?**

   Generally, it is recommended to void the entire claim and submit a new claim. Voids and adjustments must be submitted in accordance with timely filing requirements, which is within 6 months of the month the service was provided. Medicaid may waive timely filing for voids and adjustments if it is received within 3 months of the previously paid claim was processed.

2. **When I void/adjust a claim is the money taken out of my bank account?**

No, future payments will be reduced by the amount of the void/adjustment.

3. **Can I adjust a denied claim to a paid claim?**

   No, once a claim is denied it cannot be adjusted or voided. You must submit a new original claim.

4. **If I submitted a claim as a Medicare crossover, can I adjust the claim into a Medicaid Primary claim?**

   No, you must void the crossover and resubmit a Medicaid Primary claim.