Rhode Island Executive Office of Health and Human Services – Medicaid Program

Claim ***Adjustment*** Request Form

ALL FIELDS ARE MANDATORY - ***the claim adjustment request form will be returned to the provider if incomplete. Claim type must be same for all.***

Provider Name		Provider NPI	
Mailing Address	No./Street	City	State / Zip

ICN (15 characters)	Detail Number*	Recipient Medicaid ID	From DOS*	To DOS*	Adjustment Reason Code	Claim Field Update/Change
123456789123456	*3*	*1000555555*	*01/01/2016*	*01/01/2016*	*054*	*Change TPL payment amount to $100.00*
					Select	
					Select	
					Select	

****Please enter "ALL" if request is to adjust entire claim.**

Applicable Adjustment Reason Codes

Reason Code	Financial Reason Code Description	Reason Code	Financial Reason Code Description
020	Wrong dates of service	054**	Provider wrong TPL payment**
021	Wrong patient status	065	Drug unit dose adjustment
026	Adjusted wrong tooth number/surface	067	Change in recipient eligibility
029	Incorrect Medicare paid amount, co-ins/deductible	068	Recipient has Medicare coverage
050	Provider Wrong Proc/Drug code	069	Recipient has verified other insurance
051	Provider wrong procedure modifier	070	Provider Change in Ownership
052	Provider wrong units of service	087	Adjust Wrong Units and Billed Amount
053	Provider wrong submitted charge	160	Retro rate, liability change

**Adjustments for dates-of-service >365 days are not allowed when a new claim will be submitted for increased reimbursement without a primary payer EOB dated within 90 days.*

***Must attach primary payer explanation of benefits for Adjustment Reason Code 054*

Print, sign and mail to:

RI MEDICAID PROGRAM • Hewlett Packard Enterprise• P.O. BOX 2010 • WARWICK, RI 02887-2010

Requestor (Print Name):	Title:
Provider/Authorized Agent Signature:	**HPE Use Only**
	HPE Examiner:
Date:	Date:

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Claims can be replaced electronically if submitted within one calendar year. This process makes corrections and resubmissions quick and easy. Please contact your provider representative for more information.